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14. ABSTRACT <p>Purpose: The purpose of this qualitative study was to explore and describe the experiences of family reintegration of Guard members deployed in the Global War on Terror and elicit their perceptions of what would be helpful to them as they face these challenges. Design: This was a qualitative descriptive study that used an intensive interviewing method of data collection in individual, couples, and focus groups. Methods: Each interview lasted from 90 to 120 minutes, depending upon the amount of information each participant shared. Each participant consented to be interviewed and be tape recorded. All of the interviews were transcribed verbatim and the transcripts were used for data analysis. Sample: A total of 45 participants, n=26 Guard Members and n=19 family members participated in the study. A total of n=26 Guard members and n=19 family members participated in either individual, couples or focus group interviews. Instrumentation: Open ended interviews. Findings: Finding their way back in requires quite a bit of self-discovery and thoughtful reflection on the part of the veteran and family members about the changes that have occurred during the separation. Not all members and their families will experience difficulty with this, but for some the problems will be substantial. Participants identified several types of resources and strategies as helpful or potentially helpful. Nursing Implications: The most important implication of this study is that we need a means to identify veterans at risk of developing a sense of failed belongingness because they are having difficulty finding their way back in to the family. One big concern identified in this study was the reluctance to seek help noted by the participants in this study. Reintegration support activities that expect both the Guard member and their respective spouse to attend an activity like a couples weekend may be doomed to low participation rates if they are contingent on both the military member and family member both agreeing to attend. A better strategy may be to offer education and training tailored to either the Guard member or the family members separately.</p>					
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FINAL REPORT

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III. Abstract

Purpose: As large numbers of deployed Guard members have returned home, there is still concern that they may not have been fully prepared to face the challenges of family reintegration. Though return from deployment can be a happy occasion, homecoming can turn into a stressful event for troops and their families who are not alert to the impact of changes that occurred during separation. Further, the individual returning from deployment may still be experiencing the stressful effects of deployment and these problems may only start to emerge after the honey moon of reunification has passed. Indeed, for some veterans the acute responses to stress they developed while deployed persist and their symptoms become chronic. It is expected that issues with family reintegration will continue be a concern for many Guard families and that for some of them the problems will be serious. The purpose of this qualitative study was to explore and describe the experiences of family reintegration of Guard members deployed in the Global War on Terror and elicit their perceptions of what would be helpful to them as they face these challenges. The specific aims of this study were:

To describe veterans and families perceptions of:

Aim 1. Their experience with family reintegration and the challenges reintegration presents;

Aim 2. Resources and strategies that would assist them with the reintegration process.

Design: This was a qualitative descriptive study that used an intensive interviewing method of data collection in individual, couples, and focus groups. When given the choice of which kind of interview to participate in, most of the participants choose individual interviews as their method of participation. Individual interviews permitted a far more in-depth exploration of the topic and the experiences of the participants and proved to be a very useful technique for this interpretive inquiry. As Charmaz (2006, p. 25) has said, "...the in-depth nature of an intensive interview fosters eliciting each participant's interpretation of his or her experience."

Methods: Each interview lasted from 90 to 120 minutes, depending upon the amount of information each participant shared. Each participant consented to be interviewed and be tape recorded. The interviewer asked each participant to describe and reflect upon his or her experiences related to the deployment and their experience with reintegration of the family. Using the guidelines for intensive interviewing described by Charmaz (2006), a few broad, open-ended questions started the interview process. Then the interview questions were focused to invite detailed descriptions of the topic. All of the interviews were transcribed verbatim and the transcripts were used for data analysis.

Sample: A total of 45 participants, n=26 Guard Members and n=19 family members participated in the study. These deployed Guardsmen and the family members did not necessarily need to be related. In other words, a family member could participate even if the Guard member they were related to did not, and vice versa. A total of n=26 Guard members and n=19 family members participated in either individual, couples or focus group interviews. Four couples participated in the interviews, for three of these, they

were interviewed as a couple, one couple participated in separate individual interviews. Otherwise, the family member participants, and the deployed member participants were not related. Only military members participated in focus group interviews, no family members choose this interview option. To be eligible for study participation, participants had to have been deployed during the Global War on Terror and returned home within the last 3 months to 5 years, or be the family member of a deployed and returned Guardsman Participants must be 18 years old or older, be able to speak English, and consent to be audio taped.

Instrumentation: Open ended interviews.

Analysis: The tape recorded interviews were transcribed verbatim and then imported as internal sources into the NIVO 8 software program developed by QSR International. Open coding was initially performed using the techniques and strategies outlined in Pat Bazeley's book Qualitative Data Analysis with NVivo (2007). The next stage of the analysis was to refine the open coding system while simultaneously adding new data by coding more interviews. During axial coding NVivo software was used to dimensionalize the properties of codes which then made it possible to establish links among the categories. Queries were then used to create text searches and matrices to promote the develop the category system and to further dimensionalize the data. Patterns of relationships were tested and developed with the data. , a model was created in an attempt to pull together previous analytic thought into a picture of what concepts had the most explanatory power to link all of the phenomenon under stud. This figure depicted how the concepts were related to one another, and to the key finding to which all of the other categories were related.

Findings:

Finding the way back in is the key process that the military member must complete in order to successfully reestablish a sense of belongingness with the family. An Army soldier summarized this basic need to find a way back in:

Well, . . . when we first got back . . . first of all, the mind set of a soldier is "I'm gonna come back, and everything is going to be normal," it's gonna be right where I left off." And that's probably the biggest misconception that we could have as a soldier. Because when I came back, I was right where I left off, but my family had moved on for a year and a half.

Finding their way back in requires quite a bit of self discovery and thoughtful reflection on the part of the veteran and family members about the changes that have occurred during the separation. They must identify and deal with an array of problems from changes in the self and family relationships that have piled up during the separation For some, the changes are minimal, and the re-integration process is uneventful. For many, the veteran has been changed subtly by his service in ways that might not be apparent to them and is only recognized by family and friends. These changes are a normal response to stress that have been carried over from the deployed environment and include the actual symptoms of distress along with ways of coping that worked while deployed environment but may interfere with the reintegration process. In addition, families face issues with renegotiating roles and relationships that may have subtly changed during the military member's absence.

The intensity level of this struggle to fit back in varied considerably among the participants. Several conditions that occur pre-deployment, during the deployment, and post deployment shape the degree of challenges with reintegration that a veteran and their family will encounter. Pre-deployment, the attitudes and beliefs about the deployment as well as how well the family is prepared for the separation later influence some of the responses to the separation. During the deployment, the new roles assumed by family members due to deployment along with concomitant stressors that may exist at the same time shape the families initial and later responses to the deployment. At the same time, the Guard member is having their experience with the deployment which is greatly influenced by the characteristics of that deployment (e.g., length of time, perceived danger and stress in the location) along with their experiences in that location (e.g. ops tempo, stress and unpredictability, quality of the supervisory support). The contact made possible by modern technology helps to keep the guard members and their families connected—but may not work to maintain the kind of communication that facilitates true sharing in one another's lives. Immediately post deployment there is a honey moon period where the guard members and their families exist in a state of pretended normalness where neither side wants to rock the boat about their expectations and need to renegotiate roles and relationships. Eventually though, if change in the family and the member has been great enough – they must deal with resetting expectation and renegotiating roles and relationships. Change in the member may be due to hold over of difficulty symptoms they continue to endure post deployment, plus the use of coping mechanisms that served them well in the deployed environment but cause problems at home. Not all members and their families will experience difficulty with this, but for some the problems will be substantial. Its at this point that seeking help may be appropriate, but for some, they will be first reluctant to recognize the problem and or act on it once it is pointed out. Its at this point that some will resolve their difficulties and go on to reestablish belongingness or fail to do so. A pernicious feedback loop can be set up where the member continues to use their previous ways of coping that are not working and serve to further isolate the individual from the family. Participants identified several types of resources and strategies as helpful or potentially helpful.

Nursing Implications: The most important implication of this study is that we need a means to identify veterans at risk of developing a sense of failed belongingness because they are having difficulty finding their way back in to the family. In other research, failed belongingness has been connected to members expressed thoughts about potentially doing harm to themselves. One possibility would be to develop a short set of screening questions that could be administered by a health professional. These questions can be used in Post Deployment Health screenings.

Family support programs need to extend their purview to the post reintegration period in addition to providing support before and during deployment. Veteran and family reintegration education needs to emphasize the reintegration period more. One the main concerns raised by the findings of this study are that the Guard members and families most vulnerable to having problems with reintegration will not self identify as such. So the conundrum is how to reach out or to screen for those at risk families,

before they reach a crisis, or divorce is imminent. Many participants in this study were not fully aware of the resources that the Family Readiness Program could offer.

One big concern identified in this study was the reluctance to seek help noted by the participants in this study. Reintegration support activities that expect both the Guard member and their respective spouse to attend an activity like a couples weekend may be doomed to low participation rates if they are contingent on both the military member and family member both agreeing to attend. A better strategy may be to offer education and training tailored to either the Guard member or the family members separately.

IV. Introduction

The massive mobilizations for the Global War on Terror have resulted in an unprecedented number of military wartime separations among the civilian families of National Guard members. Since 2003, the large and significant use of United States military forces to quell prolonged insurgency warfare has gone on unabated. Rather than winding down, in 2009, the Oregon National Guard had one of its largest deployments of soldiers since World War II, when over 3,500 members deployed to Iraq. Although the consequences of military service-induced separation upon family members is usually thought of in terms of only active duty members, the family members of the Army and Air National Guard make similar sacrifices. In 2008, approximately 1.1 million men and women were serving in the guard and reserve forces versus the 1.4 million serving in the active-duty forces (U. S. Bureau of the Census, 2008). Consequently, the dependents of the guard and reserve personnel nearly equal those of active duty, with 1.5 million among these families versus the 1.9 million counted among active duty (Gordon, Ungerleider, & Smith, 2010).

As large numbers of deployed Guard members have returned home, there is still concern that they may not have been fully prepared to face the challenges of family reintegration. Though return from deployment can be a happy occasion, homecoming can turn into a stressful event for troops and their families who are not alert to the impact of changes that occurred during separation. Further, the individual returning from deployment may still be experiencing the stressful effects of deployment and these problems may only start to emerge after the honey moon of reunification has passed. Indeed, for some veterans the acute responses to stress they developed while deployed persist and their symptoms become chronic. Unidentified and untreated Post Traumatic Stress Disorder (PTSD) presents special risks for family reintegration that may put the veterans and their families at higher danger for maladaptive responses to stress such as alcoholism and family violence, particularly if these problems existed prior to deployment (Bremner, Southwick, Darnell, & Charney, 1996; Dansky, Byrne, & Brady, 1999; Davis & Wood, 1999). Hence, it is expected that issues with family reintegration will continue be a concern for many Guard families and that for some of them the problems will be serious.

Consequences of Family Wartime Separation

What are the effects of wartime separation on the marital relationship? On spouses and children? Hill (1949) described a roller coaster pattern of family adjustment to wartime separation in which the family initially goes into a state of crisis or disorganization, it then reorganizes and goes into a state of recovery, and finally settles in to a new level of organization. Readjustment after reunion was dependent upon the emotional and social accommodations made by the wives during separation.

Wartime Separation and Marital Adversity

Historical records indicate an increase in divorce following the civil war, World War I and II, and the Vietnam war (South, 1985) that suggests a possible causal relationship between wartime separation and marital adversity. However, the impact of the quality

of the marriage before separation remains unclear, with several researchers finding the men with less satisfying marriages were the ones more likely to divorce (Pavalko and Elder, 1990, Card, 1983). In addition, the adverse effect upon marriage appears to be short term. Card (1983) found that after the first vulnerable year of reunion, Vietnam veteran's marriages were at least as stable as those of other veterans. Although this pattern would suggest that the effects of war-time separation and then stress from family reintegration fade over time, Figley (1978) asserts that the residual effects of combat are poorly understood because researchers have not always distinguished combat veterans from noncombatants. Longitudinal studies of families of prisoners of the Vietnam war have demonstrated that the history of the marriage both in terms of its length and quality are predictors of successful family reintegration (McCubbin, Dahl, Lester, Benson, and Robertson, 1976; McCubbin, Dahl, Lester and Ross, 1975). The first year following repatriation was the most difficult with 52 percent of all post-captivity divorces occurring during this time. Among the families who remained intact five years after repatriation, no significant differences between the prisoner of war families and control families were found on marital adjustment or family environment (Nice, McDonald and McMillan, 1981).

Since the beginning of the Global War on Terror, a number of studies have explored the association of marital adversity and separation among active duty personnel. In a study of the effects of combat experience (McLeland, Sutton, & Schumm, 2008) marital satisfaction was assessed for 74 male active duty soldiers who had recently returned from duty in a combat zone. When marital satisfaction scores were contrasted with civilian and never-deployed military groups, substantial ($ES = 0.55$) and significant ($p <.005$) differences in marital satisfaction were observed. In another study, data from 45 male soldiers who recently returned from a military deployment to Iraq (Operation Iraqi Freedom) or Afghanistan (Operation Enduring Freedom) and their female spouses/partners were examined (Goff, Crow, Reiberg & Hamilton, 2007). Increased trauma symptoms, particularly sleep problems, dissociation, and severe sexual problems, in the soldiers significantly predicted lower marital/relationship satisfaction for both soldiers and their female partners. The results suggest that individual trauma symptoms negatively impact relationship satisfaction in military couples in which the husband has been exposed to war trauma. In another study of active duty soldiers that explored negative versus positive consequences of deployment, married soldiers were more likely than single soldiers to report negative consequences (70% vs. 55%). Positive consequences included making additional money, self-improvement, and time to think. Negative consequences included the military chain of command, being away from home, and deterioration of marital/significant other relationships. (Newby, McCarroll et al, 2005). It is not clear if some of these same temporary adjustment problems would be issues for Guard member families.

Wartime Separation and Adverse Outcomes for Spouses and Children

Family members separated by wartime deployment have reported several adverse effects. Some studies of wartime separation among active duty military families have found that temporary behavioral difficulties occurred in some children (Kelley, 1994; Nice, 1981) which are exacerbated by the mothers response to the separation

(Rosen, Teitelbaum, and Westhuis, 1993). Yet other studies and reviews of literature have shown that military children are quite adaptive, and are not necessarily preoccupied with the threat of war (Cozza, Chun, & Polo, 2005; Ryan-Wenger, 2001). It appears that many clinicians agree that most children are resilient to the effects of deployment of at least one of their parents, but children with preexisting psychological conditions, such as anxiety and depression, may be particularly vulnerable, as well as children with specific risk factors, such as child abuse, family violence, or parental substance abuse (Lincoln, Swift, & Shorteno-Fraser, 2008).

High stress (Rosen, Westhuis, Tietelbaum, 1994), and decreased psychological well-being (Knapp and Newman, 1993) have been reported by some spouses. The deployment of spouses and the length of deployment have been associated with increased diagnoses of depression, sleep disorders, anxiety and acute stress reaction among Army wives (Mansfield et al. 2010). In a study with 68 spouses of nondeployed servicemen and 62 spouses of servicemen deployed to a combat zone, spouses of deployed servicemen had significantly higher perceived stress scores than spouses of nondeployed service members (Burton, Farley, & Rhea, 2009). Higher stress may translate into the need to seek care. Its interesting to note that some researchers have found that spouses were more likely to seek care for their mental health problems and were less concerned with the stigma of mental health care than were soldiers. Services were most often received from primary care physicians, rather than specialty mental health professionals, which may relate to the lack of availability of mental health services for spouses on military installations (Eaton et al. 2008). However, this highlights from a practical point of view why it is critical that primary care providers understand the reunion readjustment trajectory so that they are prepared to help these patients.

Pregnant women may suffer more stress and depression when their partners are deployed. One study found that deployment of a spouse during pregnancy may be a risk factor for depression (Robrecht, Millegan, Leventis, Crescitelli, & McLay, 2008). In another study, pregnant women with deployed partners more often reported higher stress levels than those with homeland partners (Haas, & Pazdernik, 2007) . Similarly, pregnant women with deployed partners and those with more than one child already at home report higher stress levels than their peers with partners present (Haas, Pazdernik, & Olsen, 2007)

The military member's are also affected by the separation. A prominent theme among stress producing factors reported by deployed personnel was concern about the well being of their family members left behind (Mangelsdorff and Moses, 1993; Nelson & Hagedorn, 1997; Nice, Hilton and Malone, 1994; Ryan-Wenger, 1992; Wynd and Dziediki, 1992). Deployments for the Global War on Terror have lasted longer, and have entailed more risk for the deployed Guard members than the Persian Gulf War and as a result, the impact of separation may be greater.

Special Risk Factors for Problems with Family Reintegration

Posttraumatic Stress Disorder (PTSD)

Classified as one of the anxiety disorders, PTSD is a syndrome of responses to extremely disturbing, often life-threatening events—combat, natural disaster, torture, or

rape—that fall outside of usual experience. While not all combat veterans develop PTSD, there's a correlation between it and combat exposure. In fact, PTSD occurs in as many as three out of five combat veterans (American Psychiatric Association, 2000). For some subgroups of veterans, the impact can be even more negative. Women, National Guard members, and reservists seem particularly vulnerable to higher rates of negative outcomes (Hotopf, et al., 2006; Vogt, Samper, Kina, King, & Martin, 2008). US studies involving personal stories of traumatic events suggested that combat exposure is among the most prevalent traumatic events effecting men (Kessler et al. 1995; U.S. Bureau of the Census, 2008). The National Vietnam Veterans Readjustment Study estimated the current prevalence of PTSD among combat-exposed Vietnam veterans to be 31% over a lifetime (Kulka et al. 1990). Compared with civilian control groups, significantly higher lifetime rates of major depression, dysthymia, obsessive-compulsive disorder, alcohol use, and antisocial personality disorder were found. In a study comparing veterans of the first Gulf War with comparable nondeployed military controls, Black and colleagues (2004) found lifetime substance use disorders were significantly more frequent in deployed veterans than non-deployed veterans (70% vs. 52%), particularly alcohol disorders (68% vs. 52%).

The symptoms and follow up consequences of PTSD can be very long term, and can persist or reemerge many years after the traumatic event (Gray, Bolton, Litz, 2004; Toomey et al., 2007). Ten years after deployment to the conflict in the Gulf in 1991, veterans had twice the prevalence of anxiety disorders and depression as non-deployed veterans (Fiedler, et al., 2006). Iraq and Afghanistan combat veterans also report greater mental health difficulties (Hoge, Auchterlonie, & Milliken, 2006). Lack of resources over time appears to increase PTSD symptoms (Benotsch et al., 2000), Hobfoll has described a pattern of a loss spiral (Hobfoll, 1989). In a loss spiral, as resource factors diminish and emotional responses to war stress increase, they exert a reciprocal effect which exacerbates PTSD. The costs of untreated PTSD may be high. A recent report documented a strong association of PTSD with physical health problems even after controlling for being wounded or injured (Hoge, Terhakopian, Castro, Messer, & Engel, 2007). The mental health consequences of PTSD include problems with family functioning, substance abuse, family violence, and secondary trauma of other family members.

Family Functioning and PTSD

In a study of current relationship functioning among World War II ex-prisoners of war, over 30% of those with PTSD reported relationship problems compared with only 11% of those without PTSD (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004). In Vietnam veterans, PTSD symptoms have been significantly associated with poor family functioning (Evans, McHugh, Hopwood, & Watt, 2003), and problems with marital adjustment, parenting satisfaction, and psychological abuse (Gold, Taft, Keehn, King, King, & Samper, 2007). The PTSD symptoms of avoidance and emotional numbing in particular have deleterious effects on parent-child relationship satisfaction (Samper, Taft, King, & King, 2004). In a study of 512 Gulf War veterans, when the relative impacts of separate PTSD symptom groupings were examined, those reflecting withdrawal/numbing symptoms and arousal/lack of control symptoms significantly and indirectly accounted for the negative effects of combat exposure on family adjustment

(Taft, Schumm, Panuzio, & Proctor, 2008). Among Iraq and Afghanistan veterans, trauma symptoms like sleep problems, dissociation, and severe sexual problems predicted lower marital satisfaction for both the veteran and their partner (Goff, Crow, Reisbig, & Hamilton, 2007).

Substance Abuse and PTSD

The dual diagnosis of substance abuse and PTSD is surprisingly common. The rate of PTSD among patients in substance abuse treatment is 12%-34%; for women it is 30%-59% (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Langeland & Hartgers, 1998; Najavits, Weiss, & Shaw; Muenz 1998; Stewart, Conrod, Pihl, & Dongier, 1999; Triffleman, 1998). Becoming abstinent from substances does not resolve PTSD; indeed, some PTSD symptoms become worse with abstinence (Brady, Killeen, Saladin, Dansky, & Becker, 1994; Kofoed, Friedman, & Peck, 1993). Treatment outcomes for patients with PTSD and substance abuse are worse than for other dual-diagnosis patients and for patients with substance abuse alone (Ouimette, Ahrens, Moos, & Finney, 1998; Ouimette, Finney, & Moos, 1999). People with both disorders suffer higher rates of a variety of interpersonal and medical problems, including domestic violence (Dansky, Byrne, & Brady, 1999). Various subgroups have high rates of this dual diagnosis, especially combat veterans (Bremner, Southwick, Darnell, & Charney, 1996, Davis & Wood, 1999).

Family Violence and PTSD

Family violence and PTSD could be linked, especially in instances where family violence was a problem before deployment. Orcutt et al. (2003) examined the impact of early-life stressors, war-zone stressors, and PTSD symptom severity on partner's reports of recent male-perpetrated intimate partner violence (IPV) among 376 Vietnam veteran couples. Results indicated that several factors are directly associated family violence, including relationship quality among the spouses, war-zone experiences of stress, and PTSD symptom severity. Experiencing PTSD symptoms as a result of previous trauma appears to increase an individual's risk for perpetrating family violence. Risk for partner violence is considerably high among veterans with PTSD when both low marital satisfaction and alcohol abuse-dependence are present (Fonseca, et al. 2006; Taft et al., 2005). Deployment-related stress increased the rate of child maltreatment (Rentz, Marshall, et al., 2007). In a large study of families of enlisted Army soldiers, rates of substantiated child maltreatment were greater during combat-related deployment (Gibbs, Martin, Kupper, Johnson, 2007). However, in two studies of violence post-deployment among Army soldiers, deployment was not a significant predictor of family violence (McCarroll, et al. 2003; Newby et al., 2005). Both studies did indicate though that younger couples with previous history of domestic violence are at greater risk for post-deployment violence.

Guard Wartime Separation and Family Reintegration

Studies to assess the impact of wartime separation and subsequent family reintegration on the families of guard and reserve personnel are somewhat limited as most of the peer-reviewed literature has focused on active duty families. Pehrson and Thornley (1993) conducted a study to assess the impact on families resulting from mobilization of reserve social workers during the Gulf War. None of their respondents

used a military family support system, but it is not entirely clear if this was due to lack of available resources or a preference for use of other types of social support. Nelson, & Hagedorn, (1997) examined the impact on the family of the Guard member's activation but did not focus specifically on reintegration experiences. Likewise, this investigator's prior study of Guard and Reserve wartime separation (Messecar & Kendall, 1997) focused mainly on the management of the separation experience rather than on its consequences. In 2010, Lapp et al. reported on a study of 18 spouses of Guard members in Wisconsin who were in various stages of the deployment process. Only a small portion of her interviewees had been already through the deployment process and were working on post deployment adjustment. For these spouses, they described a process of finding a new normal since their veteran had returned, however, the conditions and context of how that occurs were not described. In Brenner et al.'s qualitative study of risk factors for suicide in returning veterans (2010), participants reported thoughts of suicide in response to the sense of failed belongingness they endured because of reintegration problems. All of these studies show that deployment separation is difficult, and reintegration can be hard to achieve.

V. Scope of the Study

The main objectives in this study were to describe the challenges families face with reintegration and to identify possible strategies to address those challenges. The long-range goal of this research is to develop interventions to reduce problems with family reintegration following deployment and prevent family crises before they occur. Therefore, the purpose of this qualitative study was to explore and describe the experiences of family reintegration of Guard members deployed in the Global War on Terror and elicit their perceptions of what would be helpful to them as they face these challenges. The specific aims of this study were:

To describe veterans and families perceptions of:

- Aim 3.** Their experience with family reintegration and the challenges reintegration presents;
- Aim 4.** Resources and strategies that would assist them with the reintegration process.

V. Research Plan

Design

This was a descriptive study that used an intensive interviewing method of data collection in individual, couples, and focus groups. When the study plan was originally conceived, the data collection strategy planned was for conducting several focus group interviews with deployed National Guard veterans, and with family members of deployed veterans. As part of this original plan, for those that wished to be interviewed in private because they did not want to discuss personal issues in a group setting, an individual semi-structured, face-to-face interviews were offered as an alternative using some of the same questions from the focus group interview. Most of the participants chose the individual and or couples option for their preferred method of study participation. Although this proved to be far more labor intensive for the investigator, the intensive interviewing that was made possible using individual interviews permitted a far

more in-depth exploration of the topic and the experiences of the participants and was thus proved to be a more useful technique for this interpretive inquiry. As Charmaz (2006, p. 25) has said, "...the in-depth nature of an intensive interview fosters eliciting each participant's interpretation of his or her experience."

Sampling Plan: Inclusion, Exclusion Criteria

In the original sampling plan, the hope had been to recruit approximately equal numbers of (n=36) ORNG deployed members and family members (n = 36) of deployed guardsmen. These deployed Guardsmen and the family members did not necessarily need to be related. In other words, a family member could participate even if the Guard member they were related to did not, and vice versa. A total of n=26 Guard members and n=19 family members participated in either individual, couples or focus group interviews. Four couples participated in the interviews, for three of these, they were interviewed as a couple, one couple participated in separate individual interviews. Otherwise, the family member participants, and the deployed member participants were not related. Only military members participated in focus group interviews, no family members choose this interview option. To be eligible for study participation, participants had to have been deployed during the Global War on Terror and returned home within the last 3 months to 5 years, or be the family member of a deployed and returned Guardsman Participants must be 18 years old or older, be able to speak English, and consent to be audio taped.

Recruitment/Tracking (see Table 1)

The original planned main source of contacts for reaching participants was to be from links from a study website developed for recruitment. In addition, the plan was to ask participants, once recruited, to tell others about the study. As an incentive for participation each participant was given a gift certificate of \$20 as a thank you for participating in the a group or individual interview. Three months after the study was initiated, not a single participant had come forward or even called about the study. At this point, the principal investigator and study project director visited several counseling centers, therapists in the community, and therapists in the Veteran's Administration Hospital (VAH) system to get feedback on why no one was coming forward to participate. We learned that in spite of a mass media campaign advertising free counseling for veterans and their families in the Portland metropolitan area, local civilian counselors were seeing very few if any Global War on Terror veterans or families. The VAH counselor shared with us that recruitment for several studies being conducted through the auspices of the VAH were meeting similar recruiting difficulties.

We revised our recruitment plans to include traveling to any meetings directed toward Guard members or their families where we could present information about the study. We placed adds in the Oregonian – a local paper with a statewide circulation - and the Oregon Sentinel – a newsletter for the Oregon National Guard - to advertise the study. We traveled to armories around the state talking to full time AGR members and asking them to distribute flyers about the study. When we did interview someone, we asked them to ask others to volunteer to be interviewed. After employing these strategies, we were successful in recruiting 45 participants, n=19 family members, and n=26 Guard members. Data Analysis Table 1. Includes information about the projected

and actual numbers of participants contacted, screened, consented and enrolled. From information provided by the Family Support Program, at least 1,300 ANG members have been deployed in the Global War on Terror, and in 2009, over 3,000 ORANG members have deployed. In May 2010, an additional 3,000 ORANG members had returned from deployment, but the study was closed to enrollment by this time.

Table 1. Data Analysis Recruitment and Retention

	Projected # from original proposal		Actual #	
# subjects available	72		>1,300 ANG* >3,000 ARNG*	
# subjects contacted	72		389,519 through various recruitment strategies	
# subjects screened	72		45	
# subjects refused	0		0	
# subjects consented	72		45	
Guard Member/Family Member				
# subjects enrolled	36	36	26	19
Guard Member/Family Member				
# subjects dropped out	0	0	0	0
Guard Member/Family Member				
# subjects completed study	36	36	26	19
Guard Member/Family Member				

Description of Data Collection Strategy

Interview Procedures. Each interview lasted from 90 to 120 minutes, depending upon the amount of information each participant shared. See below for a description of the consent process. The interviewer asked each participant to describe and reflect upon his or her experiences related to the deployment and their experience with reintegration of the family. The interviewer was there to listen, to observe with sensitivity, and to encourage the person to respond. In this way, the participants did most of the talking. Using the guidelines for intensive interviewing described by Charmaz (2006), a few broad, open-ended questions started the interview process. Then the interview questions were focused to invite detailed descriptions of the topic. By using open-ended, non-judgmental questions, participants were encouraged to provide unanticipated statements and stories. The tone of the interviews was conversational and invited reflection on the topics at hand. In all instances, a concerted effort was made to go beneath the surface of ordinary conversation and examine the participants

feelings about the events they were describing. All of the interviews were transcribed verbatim and the transcripts were used for data analysis.

Consent Process. The consent information sheet was covered prior to the start of any interview. Participants were given a copy of the interview information sheet, but were not asked to sign the document. The Oregon Health Sciences University and the Uniformed Health Sciences University Institutional Review Boards waived the requirement for obtaining a signed consent form because the consent form would be the only record linking the participant with the research. The principal risk would be the potential harm from a breach of confidentiality, and concern that this breach could result in repercussions for the participant from a battering spouse – should that be an issue for any participant. In addition, we wanted to be able to assure military members that their comments cannot be tied to their individual participation. Participants in focus group interviews were cautioned, and the information sheets they received warned that the researchers could not control other focus group member's comments outside of the focus group setting. The information sheets also notified participants that suspected abuse of either children or elders is reportable by Oregon state law. Demographic data were collected at the end of the interviews. No names or other personal identifying information were collected.

VIII. Results/Discussion

Summary of data obtained for period covered by grant

A total of 45 participants, n=26 Guard Members and n=19 family members participated in the study. Table 2. Sample Demographics presents a summary of the key characteristics of the participants in this study.

Table 2 Sample Demographics

	Guard Members		Family Members	
	Males	Females	Husbands	Wives
Age				
20s (3)	3	-	-	-
30s (9)	5	1	1	2
40s (32)	10	2	2	8
50s (11)	5	-	2	4
60s (1)	-	-	-	1
Not given (3)	3	-	-	-
Branch				
Total AF (33)	19 AF	2 AF	3 AF	9 AF
Total AR (12)	4 AR	1 AR	2 AR	5 AR
Rank of Member				

	Guard Members		Family Members	
	Males	Females	Husbands	Wives
E4 and below (2)	2	-	-	-
E5 and above (24)	17	-	1	6
O3 and below (6)	-	3	3	-
O4 and above (11)	2	-	1	8
Not Given	3	-	-	-
Time home				
< one year (24)	18	2	2	2
> one year (21)	5	1	3	12
Years Married if Married				
< 5 years (4)	3			1
> 5 years < 10 years (7)	4		2	1
> 10 years < 15 years (7)	4		1	2
>15 years < 20 years (6)	3			3
>20 years (13)	4		2	7
Single or Divorced (5)	4	1	-	-
Education				
High School (4)	4		1	2
Associate degree (12)	11	1		2
Bachelors degree (4)	4		2	9
Post Bacc degree (3)	1	2	2	1
Not given (3)	3			
Household Income				
\$1501 to \$2,000 a month	1			
\$2001 to \$2,500 a month	1			
\$2,500 to \$3,000 a month				
\$3,001 to \$3,500 a month	4	1		
\$3501 to \$4,000 a month				
More than \$4,001 a month	13	2	5	14
Not given (3)	3			

	Guard Members		Family Members	
	Males	Females	Husbands	Wives
Children				
Infant & or Pre-school (4)	2	1	1	
School Age (10)	5	1		4
Teen Age (12)	5		3	4
Grown (5)	1			4
No Children (11)	7	1	1	2
Not Given (3)	3			
Deployment duration				
< 4 months (29)	18	1	4	6
>4 months < one year (5)	2			3
> one year (11)	3	2	1	5
Multiple Deployments				
Yes (6)	2			4
No (39)	21	3	5	10
Location				
Iraq/Afghanistan (12)	5	1		6
Other SW Asia country (Kuwait; Quatar, Turkey) (30)	17	2	3	8
Germany; Spain (3)	1		2	

Data Analysis Description

The tape recorded interviews were transcribed verbatim and then imported as internal sources into the NIVO 8 software program developed by QSR International. Transcripts were quite detailed and included descriptions of verbal pauses and expressions of emotion e.g. laughing, crying, and any other interruptions or distractions. At various stages in the open and axial coding process, the researcher met with a nationally recognized qualitative research consultant experienced with the NIVO 8 software QSR training techniques. Open coding was initially performed using the techniques and strategies outlined in Pat Bazeley's book Qualitative Data Analysis with NVivo (2007) and using the instructions obtained during an initial getting started course with NVivo taught by the qualitative research expert Kristi Jackson, who later became the paid consultant for the project as mentioned above. This initial analysis involved detailed, slow, reflective exploration of the transcribed interviews – basically doing line-

by-line coding, reading between the lines, identifying concepts and thinking about all of each segment of text possible meanings which were then recorded in codes along with preliminary definitions. At the beginning of this analysis process, many ideas were sparked by segments of text, and multiple nodes were used in coding a single passage. So as indicated, multiple codes were used to capture what was happening in a single passage of text, but all that was known about a particular salient idea or concept from multiple passages was held together in one code. The initial open code list contained over 70 open codes(referred to as free nodes in NVivo 8) generated from coding the first 5 interviews.

The next stage of the analysis was to refine the open coding system while simultaneously adding new data by coding more interviews. During axial coding the researcher is dimensionalizing the properties of codes which will then enable them to establish links among the categories. In the NVivo software, the ability to toggle back and forth among source documents, nodes and their descriptions and data facilitates the process of moving from small individual codes to more conceptual categories. In NVivo, tree nodes (as opposed to free nodes) work as a filing or classification system for nodes. The trees help create order out of the chaos of numerous free or open codes. The process of classifying the codes into tree categories helps to create conceptual clarity by seeing what goes with what. The tree node system and the process used for creating it prompted rich coding by making sure that text was coded at nodes across all relevant trees. Creation of the tree node structure also facilitated identifying patterns of association between groups of nodes. As the tree structure was created, each new category created was documented in a memo that outlined the key features of that category and thoughts about how that category was related to other categories. Changes in the coding structure were documented by saving project files according to dates so that previous work could be revisited should questions arise. Lists of nodes were also stored during various iterations of the analysis.

The qualitative data analysis expert then suggested the use of queries to create text searches and matrices to further the development of category system to further the attempts at trying to dimensionalize the data. These queries (a powerful feature of the software) were used to explore associations of various conceptual categories with one another, and to determine what might be unique about a given category. Matrix searches were used to examine which cases were associated with key tree nodes, and then these searches were used to further inform the development of the conceptual categories. All of these queries and text searches were saved in the NVivo project folder so that as more data was incorporated into the analysis or the coding structure was refined, queries could be run again. However, for some aspects of the project the connections among some of the most important the emerging categories remained elusive.

Feedback from the qualitative analysis expert was sought again and this substantially refocused the analysis. First, a large number of focused queries were created under the analyst guidance. These queries helped to clarify a number of questions about how key concepts were related, and what was and was not included in those concepts. Second, memos were created that charted and dimensionalized each code according to the refined understanding obtained from these focused queries in

NVivo 8. Third, category codes were created from further clustering of substantive codes through continuous comparative analysis. Fourth, more axial coding was done utilizing tips from the Bazeley book. To facilitate the examination of the clustered categories, the tree node structure was examined time and time again and memos linked to the key tree nodes in the analysis were created to track analytical thinking, to diagram relationships among the categories and to paste coded data segments in amongst the tentative abstractions of the data. This allowed the researcher to quickly move from one portion of data to another without losing train of thought about creative connections . Some of the categories had to be recoded due to changes in the emphasis in thinking or the re-categorization of some phenomena. The constant comparative method was important in handling conflicts among different pieces of data. To aid this comparison, the coded data segments were browsed repeatedly in the NVivo project file. The browsing feature also allows the researcher to examine via summary reports, the participant who had contributed that piece of information.. Each node's data segments were compared against other data segments coded in the same manor and against other segments of rival codes in to which the segment might also fit.

In the fifth step, hypotheses were generated about categories of data and their relationships and interrelationships. Patterns of relationships were tested and developed with the data. For example, when it appeared some thing that had been viewed as a context or background factor, might actually be deliberately manipulated by participants as an action strategy, all coded data was reviewed to test the hypothesis against what participants had said. Negative case analysis was used to refine a hypothesis until it could account for as much diversity as possible. Throughout the analysis, but particularly more so toward the end, selection of participants was determined by the emerging categories and was designed to generate as many categories and properties of categories as possible.

In this sixth step, a model was created in an attempt to pull together previous analytic thought into a picture of what concepts had the most explanatory power to link all of the phenomenon under stud. This figure depicted how the concepts were related to one another, and to the key finding to which all of the other categories were related. A conditional matrix was diagrammed to further help the researcher to understand the conditions at all levels that had relevance to this one key finding (Strauss and Corbin, 1990). The memos, the preliminary diagrams, as well as the NVivo project were presented to the qualitative analyst expert again. Feedback indicated that the investigator had an improved understanding of the NVivo analytic software methods and that preliminary analyses appeared to be grounded in the data in the terms that participants would use. The final stage of the analysis occurred as the theory was tentatively written and evidence was drawn from the data to illustrate the categories and sub-categories. Following incorporation of the qualitative analyst feedback, an additional review of the literature was done in anticipation of writing the final report.

Data Analysis per Aims

Aim 1. Their experience with family reintegration and the challenges reintegration presents;

Aim 2. Resources and strategies that would assist them with the reintegration process.

Following a description of the analysis, the report will address the findings per each aim. Quotes from participants will be used to illustrate the conceptual categories described.

Aim 1. Their experience with family reintegration and the challenges reintegration presents

“Finding Their Way Back In”

Finding the way back in is the key process that the military member must complete in order to successfully reestablish a sense of belongingness with the family. An Army soldier summarized this basic need to find a way back in:

Well, . . . when we first got back . . . first of all, the mind set of a soldier is “I’m gonna come back, and everything is going to be normal,” it’s gonna be right where I left off.” And that’s probably the biggest misconception that we could have as a soldier. Because when I came back, I was right where I left off, but my family had moved on for a year and a half. So now I’m playing catch-up. So not . . . not only did . . . I mean that was a big conflict right there, but they learned for a year and a half how to live without me. So they didn’t need me anymore. And that was really tough to kinda get back in that element.

Finding their way back in requires quite a bit of self discovery and thoughtful reflection on the part of the veteran and family members about the changes that have occurred during the separation. They must identify and deal with an array of problems from changes in the self and family relationships that have piled up during the separation. For some, the changes are minimal, and the re-integration process is uneventful. For many, the veteran has been changed subtly by his service in ways that might not be apparent to them and is only recognized by family and friends. These changes are a normal response to stress that have been carried over from the deployed environment and include the actual symptoms of distress along with ways of coping that worked while deployed environment but may interfere with the reintegration process. In addition, families face issues with renegotiating roles and relationships that may have subtly changed during the military member’s absence.

On Army wife explained how her husband had a lot of misconceived notions of what it would be like to jump in and provide relief for his wife for all of the work she had done while he was gone as the sole parent:

He wanted to get the kids. So, and it started off okay, and then he just was like . . . felt like his whole summer was spent, you know, carting kids around. Well, you know, well what have I been doing for the last year and a half, you know. I mean I’ve been doing that plus working, and you’re not even working, so . . . You know, a lot of that kind of thing. It . . . it made for some . . . some rough times, you know, when he first came back.

Even the kids recognized that something was different:

But when he came home, they also recognized things about him that can be very frustrating. So I think they somewhat . . . it's one of those things where it . . . you . . . you miss them when they're gone, but then when they're here, you kind of somewhat almost wish they were gone again.

The same wife explained further:

. . . you know. And how you're gonna react to something is not necessarily the same way now as it was when you left. So that's . . . yeah, I think that's really hard for them and for us to understand, you know. We expect them to come back the same, and they came back, you know, having totally different feelings about something or something will spark some memory for them that was just like some horrible thing they experienced there you know, but you don't know that, you know. You don't know that that's gonna to cause that kind of reaction...

And she went on to illustrate how these changes weren't limited to the veteran but had occurred also in the family members; particularly teen age children who had continued to grow and change in the veteran's absence:

So as they're growing and a lot of these things happen while you're not here, and so decisions kind of get made, and you know . . . his whole . . . his big thing was no boys. Not allowed to have a boyfriend. You can't tell them not to have a boyfriend.

Few Guard members had anticipated the degree of adjustments that would be required:

When you have been in a foreign country, coming back is a culture shock. Well it was 'I'm really back, I'm really home and not having to be in the military anymore,' and things had changed here. There was no question. Finding my way back in the family was really rocky and I think probably the hardest thing.

A number of the family and Guard member participants talked about a pattern of veteran's failing to recognize that they needed help. When this would be pointed out to the Veteran, many refused to engage in help seeking behavior. Those that did however, found the guidance a huge help in understanding what was happening to them and to their families. One Army soldier said:

So I . . . I started seeing a counselor. And she explained that to me. What an eye opener! it made sense. I mean it was like a light bulb clicked . . . clicked on. But that . . . that type of information needs to given to soldiers, so they can prepare themselves and their families can get prepared for when they come home.

The Deployment Reintegration Trajectory Model

The intensity level of this struggle to fit back in varied considerably among the participants. Several conditions that occur pre-deployment, during the deployment, and post deployment shape the degree of challenges with reintegration that a veteran and their family will encounter. Figure 1 The Deployment Reintegration Trajectory depicts a model of the trajectory of deployment separation and the conditions and context that subsequently will influence reintegration. Pre-deployment, the attitudes and beliefs about the deployment as well as how well the family is prepared for the separation later influence some of the responses to the separation. During the deployment, the new

roles assumed by family members due to deployment along with concomitant stressors that may exist at the same time shape the families initial and later responses to the deployment. At the same time, the Guard member is having their experience with the deployment which is greatly influenced by the characteristics of that deployment (e.g., length of time, perceived danger and stress in the location) along with their experiences in that location (e.g. ops tempo, stress and unpredictability, quality of the supervisory support). The contact made possible by modern technology helps to keep the guard members and their families connected—but may not work to maintain the kind of communication that facilitates true sharing in one another's lives. Immediately post deployment there is a honey moon period where the guard members and their families exist in a state of pretended normalness where neither side wants to rock the boat about their expectations and need to renegotiate roles and relationships. Eventually though, if change in the family and the member has been great enough – they must deal with resetting expectation and renegotiating roles and relationships. Change in the member may be due to hold over of difficulty symptoms they continue to endure post deployment, plus the use of coping mechanisms that served them well in the deployed environment but cause problems at home. Not all members and their families will experience difficulty with this, but for some the problems will be substantial. Its at this point that seeking help may be appropriate, but for some, they will be first reluctant to recognize the problem and or act on it once it is pointed out. Its at this point that some will resolve their difficulties and go on to reestablish belongingness or fail to do so. A pernicious feedback loop can be set up where the member continues to use their previous ways of coping that are not working and serve to further isolate the individual from the family. Each of the components of this model will be explained in detail.

Pre-Deployment

Pre-deployment Attitudes, Beliefs, and Preparation

These are the circumstances or conditions prior to the deployment that affect its impact on the family and veteran. This includes beliefs about the necessity or importance of the deployment in general and the member's need to participate specifically, as well as barriers that exist to the family fully supporting the deployment. Examples of barriers to deployment include having relationship difficulties and or the deploying member having family obligations not easily filled by others. As one wife said:

I will say that part of our problems before he volunteered, was he didn't do enough around the house. And I was already mad about carrying my share of the load and his too. And this was just the last straw for me.

Another important consideration for the families was how ready the member and the family are for the deployment. One Airman related this humorous story:

But when I told her [about the deployment], her . . . the very first words out of her mouth interestingly enough were "whose gonna mow the law? whose gonna water the grass?" So I said "well, I can hire somebody to mow the lawn. That's not an issue, but you're gonna have to water the grass." "Well, how am I gonna do that?" "You go out here, pick up the hose and you're gonna spray the grass!" She's like "well, I've got two kids!" "Well, take them outside with you, you know."

"Well, I just can't do that." So anyway, my wife runs the show, so I spent \$4,000 on a sprinkler system so she wouldn't have to water the grass. {Laughing}

But preparation could include getting ready emotionally. One wife said:

I said 'if you would talk about it, and we would start preparing ourselves emotionally for the deployment, maybe you could deal with it better,' but he says talking about it makes it too hard.

Another husband of deploying female Guard member said this:

We figured out what it is that she does for the household that I would either take for granted or things that she would do and I wouldn't even be aware of. And that was the biggest thing we had to figure out was how to keep things going . . . financially, task wise, We we're prepared for it. But psychologically unprepared.

For some the lack of preparation was dire, as this wife shared:

But I remember the . . . the night when they left. I remember coming home and just laying on the bed and just sobbing and sobbing and sobbing and feeling so alone and scared of what was happening.

For some families though, their prior experience with active duty helped make the deployment easier. The transition to the deployed status is also easier for those Guard members who are full-time -- it fits more into the veteran's and family's lifestyle. As one full time AGR put it:

it all went very smooth, and I really didn't see areas that was . . . that could have been improved on. I was very happy with it all. And being full-time out here, though, I think it's different for me than it would be for maybe somebody else. And I'm out here day-to-day, and . . . I wear the same uniform. It's just a different pay status

One wife whose spouse had done active duty before the Guard said:

We missed him . . . but I just did my normal routine. He was a load master who flew for several years, so we were already used to having him not at home.

So the range of acceptance of the deployment and its necessity varied considerably among the family and the Guard members. As McCubbin & Patterson (1983) noted in their description of the family stress process, how individuals in the family frame the experience or perceive it can be an important determinant of the amount of stress that they feel with an event.

Deployment

The conditions and context that influence the response to family separation and then later reintegration start during the deployment stage of the deployment-reintegration trajectory. At this point, the family and the Guard member are separated. Conditions that affect the Guard member relate to the characteristics of the deployment itself, and the member's experience. Conditions that primarily affect the family at home are the roles that have to be assumed in the Guard member's absence and the concomitant stressors that family must face during deployment. Communication that occurs between the Guard member and the family during the separation keeps the two

parties informed about what is going on with each other's experiences, but there are limitations to this communication that may later have impact on reintegration. In fact, all of the deployed experiences of both the Guard member and the family can create more issues for reintegration later.

Deployment - Characteristic features of the deployment itself

These are objective characteristics of the deployment that help to qualify how difficult it was for the veteran. The qualities or characteristics that are included are the length of time for the deployment, the location, the stress in the environment at the location, the perceived danger at the location, and the history of how many deployments the individual has endured. This can also include the situation where both spouses are being deployed. The longer that the member is gone or physically apart, the more difficult readjusting to family life is as one soldier stated "That's a very long period. And you know, you miss whole stages. And there . . . and the individual comes back, they're already changed." The location and the perceived danger was a very important feature of the deployment as this one commander said:

And the other thing that was stressful for me that was very appreciated I think by the parents and the folks is that when anybody got wounded or killed, is that we would immediately be on the phone with their families. And sometimes that would be on the phone three or four times a day giving them updates or "here's what's going on." It's good for the families. It's very stressful for me and the other folks that had to do that.

The stress in the environment at the location refers to how stressful the physical and social environment was in the location deployed, as one Airman shared:

The heat was crazy. It was crazy hot. It really was. Literally the air temperature is hotter than I have my hot water set at home. I'm set at 115 degrees at home. Although it was hotter there [in the day than that]. I lost 70 pounds

Multiple deployments also can add stress. As one Airman shared:

We do do shorter durations; however, I was working with people that were on their ninth trip. So 4-6 month deployment times nine. So the Army does an 18-month shot, and they're done for a while. Whereas these guys were . . . they're going through their AEF buckets, and every single time they'd come up, they deploy. And in some cases . . . and the AEF buckets are spread out over a certain time period for some groups. But some of them like the aerial porters have . . . they're a very small career field. So they're going . . . they're coming back and they're turning around and they're going again six months later. So they're . . . they're gone six months, home six months, gone six months, home six months. Sometimes they're doing four, sometimes they're being told that they're gonna do four, and end up doing six. So it's definitely not a perfect system.

The duration of the deployment makes a difference in terms of how much change happens with the family while the deployed person is gone. As was noted by one parent Guardsman when speaking of his kids response to his return from deployment:

... they were kinda standoffish at first. But, no, it . . . the transition there went . . . went fairly well, yeah. So it wasn't a huge amount of time that I was gone, so So it wasn't too much of an issue.

Consistently, the Guard members who were deployed for a year or longer, reported more changes in the family and their relationships after deployment.

Deployment Experience of Veteran

These are the experiences that influenced the stress that the individual veteran member felt during deployment. This included leadership challenges members encountered in the setting, having to break rules to get the job done, problems caused by the constant pressure to perform with the stress and unpredictability of day to day life, doing the impossible without resources, as well as seeing difficult sights and suffering. The leadership challenges encountered in trying to get the mission done came from the responsibilities that the Guard member had leading, especially when they might be at odds with other leadership. As one Guard member put it:

And so I'd call and go talk to the Army. And I wasn't bashful about talking to Army Generals or Army M6's or calling back for anybody else when I didn't get what I wanted, because I knew what my people needed, and my job is to get them what they needed.

It also included concerns the members had about whether or not the leadership in the setting had their best interests at heart.

I think the thing that they encountered the most was . . . or that was hardest to deal with was the people at the higher command were there to get their promotions and don't care about their troops

Sometimes it was necessary to break the rules to get the job done right:

Generally. I broke a lot of the rules. I was a leader, a platoon sergeant and broke a lot of rules. Stood on the carpet in front of the colonel.

The pace and stress of daily operations put tremendous pressure on deployed members. For many, there was no let up, as one soldier shared:

It seemed constant. It seemed every day. In the year we were there, we didn't . . . we saw 376 patients, but not all of them are badly wounded. We treated a lot of . . . there were terrible illnesses that took place there, anything from skin problems to systemic diseases and non-battle injuries. You know, we saw a lot of that stuff just like in the books.

Another Guard member observed:

When you're over there, you don't wear any civilian clothes, you're just . . . it's all military. There's no days off. You're just all the time doing military.

The feeling that members were asked to do the impossible with limited resources was a very difficult feeling to have:

. I think that . . . every soldier can tell stories about how they tried to straighten things out and couldn't . . . couldn't make it happen. Everybody was asked to do the impossible without the resources.

For those that watched others who were injured – indelible memories were created:

The things that stand out in your mind are the . . . MPs get blown up and they . . . they throw a guy . . . you know, there . . . throw a guy on the hood, 'cause there's no room for them. They've got somebody wounded, they just [threw him on] his Humvee. And this guy needed a . . . they put a tourniquet on him, but it slipped, and so now they're driving through town shooting people to get them out of the way... and this guy's femur is just juicing, you know, he's bleeding out, and the windshield wiper is on, 'cause the guy can't see through the blood. And our guys can see him, and they're trying to get him to stop. There's . . . "we've got an ambulance right here." And they got lost in traffic. The guy died on the hood of the Humvee squirting blood [on the] windshield. And I couldn't stop [him].

Experiencing more stresses during the deployment seemed to lead to reporting more difficulties with symptoms once home. The operations tempo and the amount of danger and uncertainty the member experienced also led to holding on to ways of coping that worked well in the deployed setting but necessarily in the home setting. The next section of the results covers the issues that affected family members during the deployment.

Deployment – Family Roles Assumed During Deployment.

These are the roles assumed during deployment and how easily there were absorbed. These could be duties the person always did but were made more difficult because of the increased workload, or they might be new roles they had to assume. The roles that were easily assumed were roles that were managed easily either because the family member did not have to take over a role that was new, or the veteran helped prepare the family member to take the new role over, or there was nothing inherently difficult about the work associated with the new role or roles. As one Air Guard wife shared:

At first it was really . . . you know, a little bit of a shock and . . . and so it was a real change. But, you know, being a wife of a doctor, I'm used to a very independent life. He's not here an awful lot of the time. He's gone. And so your life is different than relying on a husband coming home at 5 o'clock for dinner and taking over at night and doing things. He's usually pretty busy, pretty tired so . . . very different lifestyle than perhaps what others would have experienced.

Another Army wife shared a similar story:

But because my husband travels a lot, it wasn't too much a different routine than normal. Other than the weekend, you're alone a lot more . . . I would say that was the difference. But Monday through Friday was the same.

Some members set things up ahead of time to make it easier on their family members to take over some of their roles:

She did a fairly good job, and we . . . I set up some stuff for her while I was gone. So for instance, I had a company came in and took care of the lawn.

As one husband said:

So it wasn't new, it's just that it was additional. You know, 'now I've got to do this'

Roles that were taken on with difficulty were roles or duties that might have been somewhat hard for the family member either because they were unfamiliar or because they were a regular role, but the burden was increased as they had taken on many other duties. Sometimes this could just be a pile up from coping alone, as this Air Guard wife shared:

But I will say there were days when I actually called mom and dad in tears and just said "if you want to see your children alive tomorrow, you better come and get them now, 'cause I'm done."

One Army wife was initially frightened by her new responsibilities:

And suddenly you realize you're on your own. You've got to solve your own problems. And I had car trouble on the way home, and there was a terrible storm driving home, just blowing rain and wind. The car started making this terrible noise, and so I had to get off the freeway and try to find somebody to look at it and find out what was the matter. And I think it was that realization that all of a sudden there was nobody to depend on to call or to help you out of things.

Another Air Guard wife asked her spouse to help her before he left, but received no help:

And I'd asked him before he left, can you make arrangements with someone to come and help me? And I guess you know he talked to some of his friends at the tavern, but I'm not really much of one to say 'okay, I need blah, blah, blah.' I'm not friends with his friends.

Most of the families eventually mastered their new responsibilities:

and I ended up doing more than I was doing even after the first couple of days, but you just kind of figure out the best way to do it. And so _yes,_ by the time he came home, I was managing things more easily than when he left.

Families varied in the amount of struggle that they had with assuming new roles or more work in the family because of the deployment. Those that experienced more difficulties had more reported stress with the deployment. For some who assumed new roles, they were reluctant to relinquish them when the member returned. In addition to role strain, families also could experience other stressors during the deployment, which are described below.

Deployment - Family stress during deployment

Family stress during deployment includes a variety of added on factors that can increase the stress of deployment. These include an array of family stressors due to crises that occur while the member is deployed and can include problems with children, emergency illnesses or injuries (either the veteran's or a family member's), financial or legal problems, marital distress, or difficulties with giving or receiving mutual support.

Caregiver issues are concerns that came up because a dependent member of the family -- usually a child had problems that occurred concomitantly with or as a result of the separation. Sometimes the deployment separation adversely affected one child more than another. It could be quite serious.

I have six kids, and my youngest one is 14. It seems always the youngest always has trouble. All the other kids on all deployments that I was gone, it's like "hey, dad's gone. wait till he's back." But my youngest one seemed affected the most. And she's . . . you know, whenever we go to her school, the schools that she's going to, she's wrote papers [to] help her understand.

For some members, concerns about pets could be troublesome too.

So we had a lot of problems there. He wouldn't come in the house the whole time I was gone. He would lay out carport.

Divorced members were not immune from these kinds of problems.

For me it was different. I'm a single parent. I actually have primary custody of my children. It was kind of a more a change on my ex-wife, because she had to take over those responsibilities while I'm gone. And then also setting up everything to take care of all my plants and stuff take care of while I'm gone.

Family crisis issues include major stresses like another family member developing cancer, elderly parents who wind up having serious medical problems, unanticipated legal or financial emergencies. As one Air Guard wife found out just after her husband deployed:

...then that Thursday, my sister called me and tells me she has breast cancer

Another Army Guard wife's mother had serious health problems:

And I remember during that period of time, there were a lot of other events occurring in my family that were kind of very difficult. First part of December, my mother fell while Christmas shopping and broke her hip. And she had had a heart attack many years ago and had done very, very well, but they didn't feel like they could do surgery on her, and so she was in the hospital the whole month of December. And so we were going back and forth.

It can also include the devastating injury of the veteran:

how do you do that? How do you do that on the phone with 12 hours difference on time or nine hours? And you've never met these people before, and you've got to tell them you've got really bad news [but] what's going on. And 99% of the time they were just so grateful to be talking to somebody and finding out what's going on

These would be serious unbalancing events even if the veteran were not deployed but they act as pile on stressors in these situations.

Financial, legal or insurance issues are issues related to the necessary business side of taking care of self and family. Financial issues are usually problems with insufficient funds, or decisions that need to be made about expending funds that can up during deployment. One Guard officer made this observation:

'cause these guys, they get over there and they wouldn't talk to their wives, and they'd go buy a Harley or a new car. And then they'd say "I deserve it. I've earned it." That's all well and good, but if your family thinks that something else is a bigger priority, you need to be talking to them before you just go buy it.

Legal problems can present a particularly difficult type of unique stressor as this is hard to fix once the member is deployed.

...because I couldn't locate it [Power of Attorney] in my paperwork, there should have been one. So I tried to contact headquarters to say "you're supposed to have a copy of all this paperwork, okay, you're supposed to keep a copy of paperwork for every single soldier that goes over there.".... "So you should be able to find a copy of the power of attorney and give it to me." Well, that was not happening!"

Insurance issues that came up were almost always focused on problems with Tricare and their regular employment insurance:

And then it was like ridiculous . . . reams and reams of paperwork that . . . and that was the other frustration that my wife ran into, too. Because even though you could have the power of attorney for me to do things and get herself [aligned], she literally had to come out here and sit for our MPF folks for almost a solid day just to get her initial enrollment, because of the whole change of name and the new spouse thing. And . . . and my children still never really got what ...enrolled. And then . . . I mean they are now. Now we are getting these bills from.... This is crazy without any coverage. And . . . and then you look at commercial coverage now where, you know, application, and I got no insurance from my corporate employer now

It can be difficult to meet and sustain the needs of a marriage when one party is located far away at great distance. In some instances, in spite of the limitations of the deployment, the veteran would be trying to control or manage situations at home from great distances, greatly adding to the stress of the situation as this wife indicated:

I'm a very capable person, and he is not always [felt] necessarily I think as comfortable with that. I think that that lack of control that, you know, the fact that things did run really relatively smoothly, more of my headaches were when he'd call asking me about stuff when everything was going just fine, you know Was . . . the . . . one of the biggest issues is I felt like he was trying to micro-manage from 8,000 miles away when I was doing just

The family might not be very happy about the impending absence. This can range to mild feelings of being miffed about the inconvenience to quite a bit of resentment that doesn't resolve over time as one wife said:

think I blocked it out as much as I could. Hard to remember all my feelings. I felt angry, and I was puzzled . . . I didn't understand his need to volunteer.

Support issues that arose were either because the veteran could not adequately help the family with a given problem or conversely, the family could not help the veteran with For example, there were many times when serious issues would come up while the

member was absent, and depending on the situation, there might be nothing the veteran could do to help in that situation. Sometimes they could help. Families had to balance whether or not they even told the member about what was going on - as they might be upset but could do nothing to help. As one Air Guard member observed:

When we first got married, it was huge. She would . . . she would call me like, you know, or whatever, you know. So I've gotten to where unless the kids are in the hospital and in trouble, it's "don't even tell me about it." Because I mean, really, there's nothing you can do

Another soldier said something similar:

No worse feeling than feeling useless in a situation that you can do nothing about across the world. You know, I'm halfway around the world. There's not a thing I can do about it. I'm useless.

The deployed veteran is also limited in their usual ability to get support from their family members with issues they are dealing with in the deployed situation. Sometimes this is because they don't feel they can share what is going on because they don't want to burden their families. As one Army Guard member shared:

... I downplayed it [the danger]. I didn't tell him anywhere near as much as what was going on. I just basically said 'yeah, this is what was going on.' I didn't want [them] to be worried. There was no reason to tell you guys, because there was nothing you could do.

In many cases either the family or the veteran tried to protect one another from the stresses they were experiencing by not sharing what was happening. Communication, how it occurred, with who it occurred – was an important part of trying to maintain connection among Guard members and their families during deployment.

Communication While Deployed

Communication while deployed refers to the techniques (how) used to remain in contact during deployment and the success of those strategies. This category is further subdivided by (who) the deployed member is in touch with and how well that works for both the deployed member and the family member. It also includes what and when families communicated with the deployed. Even in spite of the great distances and time differences, a number of spouses talked regularly on the phone, as these two Guard members in Afghanistan and Kuwait indicated:

Yeah. Oh, yeah. We . . . I . . . I talked to her almost daily. You know, I mean late at night, you know, when it was mid-day for her.

I think with the Internet, distance is... communicating with a spouse is quite different. You know, I'm doing the checkbook over there, and she's asking me "should I pay this?". I mean it's something that we would normally do face to face like paying bills. I still could download the financial information, put it in the computer and see this is where we're at. Okay. Pay that bill. I mean the distance was . . . it really wasn't there.

Sometimes the ability to check on things digitally could be a problem:

Yeah, so sometimes that . . . that was too much, though. You know, it would have almost been better, 'cause he would be checking the account and saying "so why did you do that? what's this?"

For parents, in addition to the phone which was the means of communication most participants talked about using to communicate with spouses and children, some used some of the newer digital means of communicating to stay in touch:

One of the things that really helped out . . . my . . . my daughter text messages all of her friends. And I was able to text message and send her, you know, through the email system, so texting. "How's your day going?" And when I started doing that, it seemed to help a lot. I've had a lot of people text. So it's kinda, you know, . . . every other day contact.

Even with the great distances, as noted above, many participants primarily used the phone to stay in touch:

Now when he was over in Iraq, he would call me often

Email was also a popular means of communication with most families as this Air Guard wife said:

We mostly did just email. And I preferred the email anyway... Actually they [the kids] would come tell me what they wanted to say, and I would just type it out real quick

Writing letters was also useful and something that could be done no matter the situation:

But I mean you know the thing of calling was hard, but writing the letters was . . . wasn't. I mean you could write those anywhere, and we had plenty of time to sit down and write a letter. So there was no excuse for not doing that.

One officer remarked on how the lack of communication from soldiers and airmen could be quite a problem for the families at home. He would then get involved:

And being able to at least once a week contact the families, 'cause I mean people thought we'd think . . . especially 'cause I'd get phone calls. I'd get Red Cross emergency messages: "I haven't heard from my son, daughter, husband, wife, whatever, in three weeks. Are they still alive? Are they okay? What's going on?" You know, I mean the lack of information at home causes stress, and then when people think that they have got a stressful situation at home, then it causes them stress. And then stuff that shouldn't have been . . . then the little things become big things.

Communicating while deployed can be both a positive and a negative. During separation, the ability to be able to talk about family problems as they come up can help to keep the deployed family member in the middle of family life. However, given that they might not be able to do anything about a problem at home, it actually can add more stress.

I think there was a lot more personal issues that were being dealt with via phone and email, and I witnessed and then had to deal with the fallout from very large

family disagreements on phones. And . . . and when . . . after that would happen, that person would be completely useless to me for hours.

And as this Army soldier noted, it can put the Guard member in a tough spot:

The same thing with my daughter when problems came up. I felt useless. What can I do? What can I do? So that's a bad place to be.

Then for family members, knowing about some of the stresses and strains the Guard member was experiencing in the environment could be frightening, as this one wife related that during one phone call her husband announced: "Gotta go. We're getting bombed." "Oh, OK, bye." So a desire to protect the other family members could interfere with one or another's communications about what was really going on – which in turn leads to more work to do when the family does come back together and then needs to catch up.

Initial Post-Deployment

Honey Moon Stage

At first, the families are in like a honeymoon stage when the veteran first returns. During this time, everyone's expectations of one another are quite forgiving as the family is most anxious to be together and they rush the in processing to get home. Later on, just as with newlyweds, difficulties start to set in. The honey moon stage following deployment is where the family tries to pretend that everything is okay.

...you had to be so nice when he gets home. You want everything perfect, 'cause you missed him so much. So you try hard to be nice, but that's not real life..!

Everyone tries to make things "normal."

Some of the major changes I think really that I started to notice were six months after he was home, just because those first few months we tried very hard to make everything normal. And then even after trying for a while, you just . . . you can't do that.

At this beginning stage of reintegration, nobody is entirely clear on what to expect. As one Air Guard wife noted:

I was a little nervous, 'cause I didn't know how this would affect him. And I am a easy . . . he knows. I am an easy crier, so just take that as, you know, a grain of salt type thing. I was nervous. I didn't know who would be coming back. And he was . . . he is a little different...

However, knowing when to schedule education about the challenges ahead is difficult for the Guard leadership who is trying to manage the demobilization process. Because once members are deactivated, they scatter – so of course, the leadership tries to dispense information as quickly as possible while they still have control over the Guard member. But this is not a good time to try to educate members who are anxious to get home. As one Army Guard member wife put so accurately:

When they came home, as far as the military goes, and coming into the base up at Washington, I know that a lot of them said "I'm fine. I want to go home. I have no ailments whatsoever," because they knew they'd be held back if they said "I have a sore shoulder," "I have a sore knee," or, you know, {unintelligible} take place. I know a lot of them just said "I'm going home. You are not keeping here. I'm just totally fine." So in the perspective of somebody keeping track of them down the road, it would be good for them to have to check in again at three months, to check in again at six months. Because, like I said, that first almost three to six months, is a honeymoon stage. "I am so glad I'm home. I'm gonna make everything good and right. I'm gonna try really hard." Pretty soon, your "try" goes away.

To complicate matters, for some families the transition from military active duty back to Guard status also created financial and assorted pay and insurance issues. For some members, the transition was pretty uneventful, and they also had little if any difficulties with pay and benefit transitions. As one full time AGR Air Guardsman noted:

The pay and benefits and . . . and all that stuff, it all went smooth. There was no issues there. And transition from . . . from active duty pay to . . . to my civilian pay, there was no issues there. It all went real smooth

But for others, the problems could be quite serious:

Okay, now when you receive a claim up to a certain point, like I think it's either over 30% or over 50%, I'm not sure. But if you're receiving money from the VA every month for a You cannot receive your military pay for the weekend. You can't double-dip, okay. We didn't know that to begin with. And the VA or military is going to say "hey, you know what? You owe us all that money back."... Because we went in last year or the year before and said "we know this is an issue. We have to have this taken care of." And they said "oh, just wait 'til they catch up with you. They'll catch up with you." Well, you know, what. Almost \$20,000 down the road now. You're gonna catch up with us and say "you owe us \$18,000.

All in all, this initial stage the family is still pretty unaware of the hard work that lays ahead for many of them, nor do they realize how long it may take:

. I mean we still . . . I mean we still struggle. I would say that return from a deployment takes a good year plus to recover from.

Post Deployment

After the honey moon is over, the work of reintegration begins in earnest for the family and the Guard member. It is at this point that sequelae from the separation starts to emerge. Conditions that affect the Guard member's response to reintegration include the difficult symptoms that they may be experiencing post deployment and their residual use of ways of coping that worked well in the deployed setting, but interfere with family life. For the family (which the Guard member is now having to act as a reintroduced member), there is the work of renegotiating roles and relationships, as well as residual family conflict issues that must be addressed. In situations where the work of reintegration has become too much for the Guard member or their family – the barrier of

veteran refusal to recognize they need help or to seek it can lead to a pernicious feedback loop where the veteran cannot manage the task of finding their way back in to the family.

Veteran Post Deployment Difficult Symptoms

These are symptoms or problems that the veterans have been enduring post deployment. Guard members in dangerous settings got used to large amounts of adrenaline every day which was hard to cope with once home and that adrenaline was no longer pumping.

If you are human at all, when you lock and load and head out that gate {unintelligible}, your adrenalin is going... And it's that way until you come back in... and you [clear] your weapon. And . . . and then you're . . . you think you're safe and you're . . . and mortar rounds come in. And then here's the adrenalin again. So you live on this adrenaline rush so long, when you get back here, you're just waiting for that to snap in.

For Guard members used to that level of stimulation, regular, quiet life at home is difficult to adjust to – as this soldier further noted:

Because it's hard to get that brain to get it to work. You know, unless you've got that . . . incredible adrenalin. You look for adrenalin...from fast motorcycles other things, they're brain stimulants. The adrenalin ..the rush. That's what's school work is not. I think that quiet activities like studying. It's like taking somebody on drugs and {clicked his fingers} cold turkey.

Even for those in less dangerous situations, there were problems with have a short fuse - being quick to anger, that was hard for families:

But I think overall I . . . the one thing I noticed the most about him was his lack of patience when he came back, especially with the kids.

Alcoholism was noted by some veterans and families as a dangerous post deployment coping mechanism. For some, this problem existed prior to deployment, but was made worse by service. As one Air Guard wife observed:

I just have to be honest and say that part of the problem we have in our marriage is his alcoholism, and I have a lot of resentment toward the military for encouraging that.

Another soldier made this observation in the context of a remark about how other veterans can help one another recognize serious problems like this:

So, yeah. . . . and alcohol problems. One of my guys called me and said he was having problems! He didn't see a problem there with his drinking, but did know he was having problems with arguing about it. But sometimes, you know, also communicating to say "don't come home and argue if you can't figure it out in your mind without help. Don't . . . don't do that to yourself. Be sure to contact another soldier or counselor if not for yourself, for them. Talk and talk to each other, 'cause we're confiding in each other. So call each other. "How's it going?" This soldier I have been telling you about, but he'd been listening, and he said

"you know, what? I do think I am an alcoholic" It's huge. what we can do to help one another.

Anger and depression were mentioned as symptoms post deployment that were difficult to cope with and often go hand in hand. For some, various medical problems were reported post deployment that Guard members and families thought might be stress related. One Army wife shared this about her spouse's array of symptoms:

I think he's been processing it through, you know. He was angry and depressed . . . sleeping a whole lot. And I finally got him to get to the doctor's, 'cause he seems to have an intestinal thing, which he's done . . . did some tests, but it seems to be still present, you know. And so he wasn't in a . . . necessarily a combat thing, but I think he came back pretty angry at his own leadership

The depression could be quite limiting as this Army wife observed:

And that was hard for me, because when he came back, he was so depressed and down, that he wasn't able to handle it. And so I still had to keep doing it even after he was home . . . handling everything. I remember that bothered me, and . . . 'cause that was . . . you know, it was going to be a relief to me to let down and to not have to be responsible for everything, but as it turned out, he took a long time before he kind of picked back up and got back up on top of things.

And this Army husband noted:

What happened after that . . . she was very tired for like . . . you could never really talk to her due to the time change so different, like when we went to bed, she would still be awake...

Nightmares post deployment, usually related to the deployment experience. One Army Guard member shared the following:

I'm . . . I'm okay. We're not gonna have . . . I'm not gonna have nightmares." Yes, you will, because war is real. You know, things that . . . I . . . you know, I still have new stuff [that comes up]. As a matter of fact, just two nights ago in a dream, I got shot and killed,...we actually did a mission [where I] went into a house, into a home and searched it, everything was fine, and I was. . . I was dreaming this whole scenario, except when I came out of the house, someone came around the corner and shot me. And so I couldn't yell . . . I couldn't yell for my. . . couldn't yell for my section or any of those guys . . . couldn't get a hold of them, because, obviously this is part of the dream. But why do you have dreams like that?

An Army Guard wife made the following observation about what a persistent problem this can be:

Pretty soon, your "try" goes away. "I have had it. I am sick of this. You are doing that. You are doing this. You are NOT doing that. I feel this way. I'm afraid of this. I'm having horrible nightmares. I can't sleep, you know." And sounds and smells are throwing me back into...." And they won't see that when they first come home

For an Air Guard member simple things could trigger interesting dreams:

And I will have Iraq dreams but I'll be in a police uniform, and then I'll start doing the police stuff that I used to do, too, and so it's like . . . it's just weird.

Most of the Guard members and families that reported problems with a lot of symptoms were in the most difficult deployment locations where there were many stressors from a dangerous environment. So symptoms are a carry-over from some the conditions experienced while deployed for the Guard member. The coping strategies members developed while in the deployed location also hung on after returning home.

Veteran Deployed Ways of Coping

Deployed ways of coping are ways of coping in the deployed environment that don't work well or interfere with feeling safe and being able to relax in the family environment -- they keep the veteran's emotions at bay and keep others at a distance. So many aspects of behavior in the deployed environment have to be automatic, that it was easy for the members to fall back on that behavior. They are baffling for the family who does not know how to respond.

Ensuring predictability by an orderly environment

A lot of the deployed members had difficulty when they returned with their small children making noise, racing about, chaotically getting ready for school, etc. when they returned. The families described this as the children getting on their nerves, but it was centered on the lack of orderliness that managing a home with small children entails. In the deployed setting, keeping all supplies and equipment organized and ready to go was critical to getting the job done. As this Air Guard wife observed:

Did it take him a while to get used to having the kids around again? Yeah, it did, because if they would start getting kind of rambunctious or wrestling around, "go upstairs, go upstairs," you know. And he was like . . . he didn't . . . he didn't like that. And honestly, it took literally . . . and I would tell him. I'm like . . . you know, I wouldn't . . . I wouldn't get upset with him or anything . . . but I would just tell him like "[they are being] kids." okay. "Well, I don't like the way they're" . . . "they're being kids. They're not hurting [anything]," you know. And I'd just leave it at that though and so . . . I make them go upstairs or whatever. [It was] probably a good about eight months and him being back to normal with his patience level . . .

Another Army Guard member explained how small disruptions in routine of following the rules in an innocent situation had become very upsetting for him:

And coming back here in this society, not everyone's your enemy. Even the guy that walks across the crosswalk against the red light and, you know, I mean you almost hit him and you honk your horn, he flips you off. And you want to just get out and you know, knock that guy's head off, you can't do that.

Another wife observed the following about day to day functions that we take for granted, how these had become more difficult:

for the first month, they say don't let the soldier drive. You know, so they're not allowed to drive. There's issues with . . . on the road even when they're a passenger, they don't want vehicles beside you. They always want you to be able to be on the right, so you can take an exit if you have to take an exit. So

there's . . . there's issues that we . . . I didn't consider to be issues that he would say are very, very important.

So the intensity of response with these seemingly innocuous events or context might set a veteran off in an unpredictable way, which could be quite unnerving for families.

Expecting unilateral decision making

This fits with the category of mission urgency. In the deployed environment, members were often forced to assume unilateral decision making and responsibility. Cooperating, and discussing, were skills left behind under the heat and stress of deployment. It is important to stress that many times, the member was unaware of this orientation when interacting with the family. But maintaining control was a key need and reason for this behavior. For some the tendency to “boss” others around took a while to go away:

the only thing I can think about is when I initially came back, I had a . . . I was a little bit more aggressive as far as dealing with things, not from a temperament standpoint, but just from, you know, from how you had to conduct yourself, how you had to get the job done, and how you had to deal with other services or . . . and other people. So I was a bit more aggressive as far as dealing with a situation coming back than when I left. And . . . and that took some time to . . . to go away.

This Army wife let her spouse know right away that kind of decision making was not going to fly:

I would constantly say “we’re not your little soldiers, we’re not in war time. You can’t . . .” You know, and that was a big issue to him, feeling . . . I think I learned a little bit at . . . when you’re a pee-on and you’re a soldier and when you’re an officer or when you are in charge of people, his big issue was “I tell you do something, you had well better do it.” And I said, “wow, welcome home. That’s not the way it works here.

This same wife shared how this need to control was not working for the family:

And we’re still trying to get it all back together. In our . . . even in our communication styles, ‘cause I tell [him], “you can’t control me. You didn’t before you left, honey. I’m surprised you think you can now. {Laughing}

One husband made this observation of his Army Guard wife upon her return:

But there’s a way of saying ‘would you please’ that is a command, and we were very independent from all that here, so we didn’t . . . bristled when you’re not used to somebody coming in and trying to tell us what to do.

So this was a fairly consistent way of coping for those who were in the thick of more dangerous deployment areas. Its also interesting that the Guard members who were pushing their agendas in this way, usually were unaware of it until it was pointed out to them by the family.

Pushing mission urgency on everyday activities:

The sense of urgency members imposed on completion of mundane tasks caused a lot of conflict among family members when members returned. Many of the members were responsible for large numbers of people, tasks, every day in the deployed areas and were used to exacting prompt and unquestioning obedience with their commands. Without realizing it a lot of times this commanding presence had become ingrained causing particular problems with teenage children upon return. One Air Guard member remarked that he had changed his normal easy going style while deployed:

Yeah, very task oriented and . . . yeah, exactly, pretty much. It wasn't a temperament thing or an issue like that. It was just, you know . . . how, you know, dealing . . . getting the job done over there as opposed to what it takes to get the job done here.

This could be intimidating for family:

I mean you have different expectations, because my wife's got a different set of expectations than I have in coming back. And like you said, I've come back with, you know, working 18-20 hour days every day six days a week and think: "Hey, we haven't gotten this done. We haven't gotten this done. We haven't gotten this done. You know, why haven't we done this?"

Seeking safety

Many members upon their return, had problems with not being able to turn off being alert for danger. Reverting to one's war time training to secure the environment and avoid danger or the unexpected interferes with relationships. As one soldier put it:

Absolutely. That was . . . even to this day, if there's a box on the side of the road, it's . . . it's not as bad now. I mean it still . . . it still perks me up, and I'm still, you know, on edge. When I first got back, it was horrible. I mean I was swerving, I was, you know, slammed on my breaks, yelling at my wife "don't . . . don't go there. Stop." Not . . . not as much now. It takes . . . it takes a while, but again it's . . . you got . . . you have to get back . . . you have to click back to "this is not Iraq." Yet it is a huge issue . . . huge. You see people with iPods, you know, the string coming out of their coat or up into their ear. You know, that . . . [we] confiscate a lot of that stuff in Iraq, because if they choose, you could take a pictures of [your] license. And so real alert. It's a huge thing.

Another Army wife shared how difficult something as innocuous as a fourth of July celebration could be perceived as dangerous by her Guard member husband:

. It was four months before July 4th that he got home. July 4th week was very devastating, very frightening. You know, 'cause you had fireworks and everything going off. He'd . . . pacing the living room saying "I'm not under attack, I'm not under attack, I'm home, I'm home, I'm home." He had to keep repeating it to himself that he was safe in the home. People aren't trying to kill him.

Stuffing emotions in order to get the job done

In the deployed environment, especially under circumstances of extreme duress, expression of emotions like fear, or feelings of being overwhelmed was counterproductive to getting the job done. At home, being able to express a full range of human emotions is critical for relationships. Withdrawal in interpreted by family members as hurtful behavior. An Army Guard member shared how just from habit, he tended to block out uncomfortable feelings:

...when I got back, little by little things were going wrong, and I think part of what we do as soldiers is block things out rather than deal with them. If . . . if we don't have an answer to overcome that objective right away, we kinda block it out

An Army wife observed that her husband also tried to ignore or avoid problematic emotions:

Because some of these other issues that came up with my husband, he didn't want to address. So he either ignored them or avoided them.

These behaviors were persistent and in many instances those that used them were unaware that they had changed how they behaved in these rather routine situations. This could make family conflict situations that arose out of changes that had occurred in the veteran, spouse and children more difficult to sort out.

Family Conflict After Deployment

Family conflict was created by changes in the family members that occurred during the deployment that had to be reconciled with reunion. These could be changes in the children (mostly because they were growing up) changes in the veteran (mostly because of the experiences they had while deployed) changes in the marital relationship (due to both husband and wife changing) or changes in the dynamics of how family finances were and are handled.

Changes in the children while the deployed member is gone can spur conflict, particularly when children make the transition from childhood to adolescence during the deployment. In some cases, the conflict that the absent fathers had was due to the fact that daughters grew or changed substantially in their absence. This is mostly related to the daughter growing up and her relationships with other boys. For conflict with sons, most of this has to do with the son gaining in autonomy while the father was gone and the father losing that former closeness. As one Army wife related:

We're totally different people when [they] come back. I mean my children were . . . they grew so much in that . . . in that year plus that he was gone, that . . . you know, and it's so hard for them to come back and feel like "well, you know, the kids are not talking to him the same way, not . . . you know, they're teenagers now. They don't . . . they don't want to hang out with you, you know. They . . . they want to be kids, and they want to have fun, and you know, you're dad, and . . . you know. And so they grew out of that, you know, that fun kid stage to the, you know, let-me-have-my-space, you know . . . you know, kind of thing. And we all changed.

But it could also include deployed mothers and conflicts with their sons and daughters:

the family was different. They had moved on they were all different, and they had learned sort of a new new way of interacting that I wasn't fitting into. I had hoped when i cam back that I would be sorely needed and that I would jump in and take over so my husband could have a well deserved break, and it didn't work, because he had found a way to parent on his own and wasn't prepared not only for me to come back and immediately try to join him but also take over. It was just awful.

Besides being unsettling, the family and Guard member comments indicate that these changes contributed to the deployed member's feeling of being somewhat lost about what had happened in their absence.

When the member returned, they were where they were when they left, but the family had moved on. Then the veteran was playing "catch up". As one Army member so eloquently explained:

Because when I came back, I was right where I left off, but my family had moved on for a year and a half. So now I'm playing catch-up. So not . . . not only did . . . I mean that was a big conflict right there, but they learned for a year and a half how to live without me. So they didn't need me anymore. And that was really tough to kinda get back in that element. And then at the same time, for a year and a half, I learned to live without them. So there was a lot of conflict.

As this Army wife noted, it could be hard to realize that the returning member was out of touch with the changes they had been through:

But it is still hard to...not always feel like they appreciate what you've been through even though it's not about you, though. I mean but for us we so much appreciated what he went through . . . And that's why we stayed so strong and did so much here, you know. And it's . . . I think that's what's hard is they don't . . . they don't see that part of it, you know. So it's . . . it's tough.

She further remarked that:

And I think that it's important, and guys are a lot, you know. And I think, too, I think it's a lot harder . . . I think for . . . for soldiers who have kids that are in that transition into adolescence, I think they probably have the toughest time of all.

Another Army husband noticed this about his wife's efforts to fit back in:

In some respects we're still struggling with this because I really took over that role and I was good at it, and then I didn't want to have her butt in and mess up all the things I had organized and got in motion. It has been very difficult adjusting. We are still struggling in that now since I know that I can run the family on my own, I'm a much stronger parent than I would have otherwise been. And so we still end up not seeing eye to eye, because we both have very different ideas about different ways to parent. So that is a left over effect from the deployment.

Issues with the marital relationship may emerge either because it has been disrupted by the separation or due to the subtle role changes that have occurred in the member's absence that now need to be renegotiated. As this Army soldier noted:

You come home thinking "I'm fine. Everything is gonna be all right." And while I've been gone, my wife, who is an incredibly dynamic personality, and would very much like to have been in control she . . . of . . . of our marriage all the time, not contentious, but headstrong. And I . . . I let her . . . you know, I let the line run out, I let her do everything she wanted to do and then some except for the big decisions, and then we do those together. And I come home, and, of course, now there's been no leash, no . . . you know, she's making ALL the decisions

Changes can include problems with financial issues. Usually, because of the deployment, the spouse remaining at home had to assume the lion's share of responsibility for financial decisions. Often when the deployed member came home they expected to pick the same approach used as when they left, but often because of what had happened in their absence the at home family member was reluctant to change back to a prior system as one Army wife noted:

you know, and hard for me, because my biggest thing is when he asks me about why was this spent, you know, and it's kind of like, you know, I get very defensive, because, you know, I . . . you know, I've been handling this for how long, and now you're questioning what I'm spending when you aren't here. And you know, I'm not the most frugal of people, and I do spend money on the kids and I . . . you know, but yeah it's one of those things, too, where all of mine goes into our joint and only part of his. So it's kind of like I feel like I have a little more say. So that whole dynamic did change with him leaving...

The sources of family conflict are closely related to the role and relationship changes that occur concomitantly with these family conflict issues.

Family Roles After Deployment

In some cases, this could be really difficult - family members who had assumed new roles did not want to relinquish them, and or they did not want to go back the way things were, as this Air Guard wife noted:

Until probably just a couple months ago, I kept the family finances. I did it all. But um, I was paying all the bills and all that. but I paid all . . . 'cause I said it's really good for me to know where everything is and what bills we have and how to pay them and do all that. I would say that's the only thing that's changed . . . that changed. That is it. That is the only thing. Other than that, we went right back to the division of labor. I'll tell you what did change. My attitude. I'm not sure if it's good or bad either. But I figured out that I'm pretty darn independent, and I can make . . . I can do it on my own

For some, the returning member is picking up pretty much where they left off, but there is some minor adjustment to getting used to the old routine. This requires far less energy than renegotiating resumption of an old role that another family member has assumed and is reluctant to relinquish. As one Air Guard member said:

. but as far as coming back, it was just getting . . . getting the . . . you know, getting back in the groove with one another. That was it.

Another Air Guard wife remarked:

I mean I was pleased to have been able to keep the ship afloat while he was gone, but I didn't have trouble relinquishing his tasks again.

And this Army husband also noted very little change with his wife's return:

There wasn't much impact when she returned, because it wasn't much impact when she left. I mean, I continued to do all the responsibilities I normally do. She just slipped right back into the role she'd been before.

Relationship renegotiation was needed because there might be altered relationships among the family members, particularly with children. A role is defined as a set of behaviors, rights and obligations conceptualized in a social situation. So one's role as husband, wife, father, mother might need to be reestablished after deployment.

And I think that it's important, and guys are a lot, you know. And I think, too, I think it's a lot harder . . . I think for . . . for soldiers who have kids that are in that transition into adolescence, I think they probably have the toughest time of all. I think . . . and there's the other end of the ones who have babies that totally . . . are totally . . . you know, the kids have just . . . are no longer toddlers anymore when they left, or they missed their whole, you know, from birth 'til whenever. I think those two periods, you know . . . they're kind of that in between isn't nearly as bad, but you know, like even in dealing with my son, you know, I mean he had issues with the boyfriend with her, but, you know, with my son, you know, he's . . . he's, you know, 12 gonna be 13 soon, and, you know, it's that whole . . . you know, he's feels that he's being disrespectful, you know, to him, and it's like "you know, well, that's not really . . . I mean you're just kind of a little paranoid there. He's really not, you know." I mean it's . . . it's . . . it's kind of tough. When he first came back, he really kind of struggled with that, you know.

There was a desire to return home and pick up where one left off, but often especially with children, it was not possible to do this and the returning veteran had to negotiate a new relationship with each family member.

So for many of these conundrums, especially for Guard members struggling with difficult symptoms and or those still using coping strategies that interfere with family life, as well as families who were under pressure because of conflict or role issues, help was indicated. However, there were barriers for many veterans to seeking help due to their beliefs, attitudes and often inability to recognize the need for help.

Veteran Help Seeking Won't Happen

Help seeking won't happen because either the veteran doesn't recognize the need for help, and or because of their beliefs, they are programmed to not seek assistance. They don't talk about their experiences, they want to be normal, they don't see needing help as normal or acceptable, there is a strong bias against counseling because of the belief that someone who has not had the veteran's experience cannot possibly understand what is going on. There are many barriers or causes and conditions about why this help seeking will not happen.

Probably one of the most significant barriers to either recognizing the need for help or the willingness to seek help once a need is identified comes from the

contradiction of what military members have learned to do in order to get their military objectives accomplished. To be an effective military member, self sacrifice and perseverance in the face of sometimes extreme adversity are required. These critical professional traits make it less likely that a military member will recognize internal distress or ask for help. As one Air Guard wife put it:

You know, but, of course any . . . any man, especially [my] husband [a former] Marine, and has it altogether and has the pride up to here, and. . . you know, there's never anything wrong with them. "No, no, I don't have that problem." . . . "Guess what, honey. I've got news for you

One Army Guard member explained perfectly how the soldier's training blindsides them to problems. This was part of the ways of coping where they learn to stuff their emotions:

I think part of what we do as soldiers is block things out rather than deal with them. If . . . if we don't have an answer to overcome that objective right away, we kinda block it out

Another Army wife also echoed this notion that talking about one's problems is not something you learn to do in the military:

These soldiers, they have been taught . . . you know,, I think my husband has been in the military since '82. They are taught from Day 1 "suck it up and move on. You don't tell people your problems. Aye?"

For many just the mere mention of getting post deployment counseling elicited an immediate recoil response, as this Army wife noted:

Yeah, 'cause I think that's the part that . . . you know, you mention counseling, and they all freak...

Another Air Guard wife shared how her spouse had originally agreed to go for counseling while deployed, but then reneged on that promise 'chickening out':

And I was disappointed in him when he came back in that, you know, he had told me that we could go for counseling, and then he reneged on that. So it made me feel like he either chickened out or he just told me that to placate me while he was gone

Some of the reluctance to seek counseling seemed to be about the veteran's feeling that they couldn't talk about their military experiences with persons outside of the military. As this Army Guard soldier noted:

I mean that film that came out two years ago—Flags of Our Fathers. Did you see that film? It's a great portrait of just what we're talking about, because the opening sequence is this old man walking down the stairs and freaking out and asking where this guy is, and the next scene he's in Iwo Jima, you know, going through all this. And it's . . . he's never talked to his sons, he's never talked to his wife at all until he is literally dying and he says "did I ever tell you that we got [to raise the flag] ." He said "no, dad. You didn't." And he dies. And . . . but it's that . . .

. that heartbreaker film. But it . . . it made me help in a cinematic way understood so many veterans and, you know, guys that just won't talk about it.

As one Army Guard member noted:

It's a . . . so that's a big issue. I can imagine, you know, coming back and not having someone to talk to. It's a transition that's got to take place, and I think that that's the time period that they allow us to have off and not come to drill, and it's kind of a . . . it's a slow transition.

So it is unlikely that they will share this information with their providers as this Army wife noted:

And so when they come home from a 24/7 war, they're not gonna sit down and say "oh, Doc, my toe hurts. Oh, Doc, my this . . ." you know. It's "I'm fine."

In spite of difficulties, many Guard members still cared about staying in, and for those members, seeking help was viewed as likely to hurt their careers:

. . . so that soldiers say, "hey, I don't want to do this, because I know even though I'm screwed in the head according to these people and need some help, and I've got some physical ailments, I'm a soldier and I want to do the right thing, and I don't want to be a wimp, and I don't want my chain of command to know that I'm quitting on them, and, you know, all that stuff." All that baggage.

Prior to seeking help, veterans need to recognize when they might need help. There are many forces that create impediments to this --a culture in the military that places self sacrifice and denial high makes it so military members do not even have any cognizance of distress until it spills over into other parts of their daily lives. This is why family are so critical in helping veterans to recognize that there is a problem, as this comment by one Air Guard wife indicates:

I think it's an amazing thing, and I am so glad they have it. My fear, though, is that you're gonna get people like [these] guys [who say], and I can walk right back into my life, and be fine, and you can't tell me it's not gonna be. [that way]." So my fear is the one's that really need it, are not gonna use it.

Spouses, or close family members who live with the veteran are often the first to spot that something is not the same or that something is distressing the veteran even when the veteran is not able to discern these kind of changes. Families play a key role in detecting issues and pushing the member to seek help, as the comments from this Air Guard wife indicate:

They're definitely gonna set there and go "I'm fine. What's your problem?" You know, and . . . and that . . . it . . . it's frustrating, 'cause I think a lot of times it's the wives that see the husband need it. But they're gonna . . . they're gonna deny it, and I really don't know how else to get them in there, unless another husband can step in and say "figure it out," you know. Something like that. I . . . I don't know. Unless you get somebody else that is, you know, that can step in and say that, someone close enough.

Talking to someone who has had a similar experience is critical; these veterans can help when no one else can -- this is fundamental to a self-help approach. An Army wife related how at her spouse's work in the fire department, the other veterans there recognized the difficulties he was having as being symptoms of PTSD and they in turn helped him secure some help:

But my husband suffered PTSD more than the other [fireman that they had hired]. The other one was hired actually after he got back. But they, you know, my husband is out there . . . they're doing an exercise. A car . . . I don't think it was even a car extrication. It was just a burning . . . or maybe it was burning vehicle. And the tires {exploded}. And, yeah, he was . . . he was gone. And they noticed that. And so they realized that he really needs some help. So they contacted the VA counseling office down here off Main Street

This Army Guard member noted that the support for one another that can be provided in the Guard is unique:

Its different in the National Guard with civilian soldiers. Then we were home, we're more civilian soldiers, most of us, unless we were hired here full-time. We are more likely to turn over helping one another to each other. I've actually "have you talked to so and so since we came back? No, have you? {No.} Wonder what he's doing? I don't know." But both of us have his phone number. Now one of these got a new one[phone number] , 'cause now he's divorced, you know. And here it is two years later and never called him. That's a shame. And I think that's huge. Make sure those communications happen.

As one Army Guard member indicated, the soldiers need training ahead of time that these kinds of problems are going to occur, so that this glossing over of difficulties does not put a soldier or airman at risk:

They're not going to use it. Its a big challenge. You know, and I really believe that If they were trained . . . the simplicity of the one, two, three process, they'd use it. "Put this magnet on your refrigerator." and if you have argued about, you know, what kind of sandwich to have for lunch, if the couch is in the right spot in the living room, you don't want the shades drawn.... If there is a conflict, call the number. It's a free telephone call, and it stops the conflict." So that's simple. But if they didn't have any simple training. The guy who is in trouble can get help. Then couples that were divorced, because of conflict that could have been helped. Its huge, because nobody said ahead that you're not just . . . just stupid when you have these problems.

When these barriers to recognizing a need for help or seeking help go undetected, the Guard member and their family may enter a pernicious feedback loop where the veteran retreats further into their coping strategies that aren't working and the family members continue to struggle with unresolved conflict.

Veteran Alienation from Family & Community

These are several causes and conditions that can perpetuate a sense of failed belongingness with the family. These are the conditions that keep the veteran from resuming 'normal' family life, make them feel like they can't fit in anymore, that the

family has moved on. Some of the indicators that the veteran may becoming alienated from the family and the community include persistent problems with the marital relationship, and a growing separateness from those they love and from themselves captured by the feeling of not fitting in. Alienation is defined as being closed off and unable or unwilling to allow others into your life or situation. It is a condition which entails a dissonance between oneself; one's hopes, dreams and aspirations and the wider social network.

There were concentric circles of being integrated back into the family and community. In the center, is the primary relationship with the spouse, then the remaining family, then the community. A feeling of alienation from one's community was reported by both Guard members and their families who felt that the public did not necessarily appreciate or value the veteran's sacrifices, as this Army wife so poignantly described her husband's feelings of being devalued:

But a lot of these soldiers that are already suffering a lack of {support} what am I doing here in this world that doesn't care about the war, that doesn't support the soldiers. They scream and holler. They throw flags in the road, you know, down . . . he used to work at Fire Station there right across from the courthouse where they would have all the protestors. And that was not good for a soldier returning from war having just, you know, "peace not war" and "let's love everybody," and "let's talk." My husband would say, "I'm glad I didn't have a gun today, "you know, because these people are . . . they hate me, what I did, and they don't support what I did. But the reason they can stand there is because I was over there fighting for their rights to do that."

Another female Army Guard member had this to say on her return:

The lack of caring turned my stomach. Just the indifference to war casualties in the country, civilian indifference to the war.

Another Army Guard member cynically described the thanks that some members get for their service:

Even if they . . . if they've deployed twice, what do they get at 65? Jack shit

The family members were not immune to this sense of isolation:

And one day I was . . . had gone down to one of our neighbors to look at some architectural plans or something, and one of them had made a comment . . . a negative comment about the war, and I was aware of a little feeling of offense inside, I guess is the word.

The lack of appreciation for their sacrifice made some angry and could contribute to a sense of a decrease in status or purpose upon return to civilian life.

Not fitting back into the family can happen because of the mismatch with where the Guard member is at versus the family. This can happen because of an inability to move from being in the deployed setting to the new environment, or because things have just changed too much in the member's absence. The feeling of not fitting in is extremely distressing for the individual. One Army wife described the yearning her husband felt for trying to get back his life:

Cause some of the things that I think went well are the soldiers are very . . . they want so badly to come home. They want so much to have a normal life again. And they try . . . they work very hard to get that.

Another female Army Guard member described in detail this problem of not fitting back in, made more difficult for her because it was an unanticipated challenge:

But that is unlike knowing that it's going to be traumatic, it's gonna be awful when you go away. You think every thing is gonna be great when you come home. And so for it not to be great is even more confusing and more traumatic than leaving, because it's a predictable set of emotions when you leave. It's gonna be awful, you're gonna be sad, it's gonna be a crisis. Well, you think you're gonna come home, it's gonna . . . everything is gonna be great, you'll be one big happy family. And then you're excited to be home and nothing goes right and you can't figure out why it's not going right 'cause nobody is prepared for this part.

Sometimes veterans try to force a fit by taking over, as this one Army wife noted:

I've heard statistics on that, that there was a lot of trouble with families, because the man wanted to control . . . command control attitude, and the wife had gotten into her own ability to manage.

Challenges related to the transition home were exacerbated by veterans' loss of their place in the family and their purpose within it. After returning from deployment, veterans spoke about no longer knowing who their family members they had changed so much. In addition, they reported perceiving themselves as a burden to family instead of being a key member.

Disruption in the marital relationship, the feeling like you're not connecting, not important to your spouse anymore, is devastating. As one wife put it, the Guard member and their spouse need to learn the new life instead of trying to get back what they had. This is a fundamental challenge -- veterans and their families need to lay down entirely new ways of being together, rather than trying to get back to a place they are never going to be able to get to. This Army wife describes how things were so different for her husband post deployment:

Some of the major changes I think really that I started to notice were six months after he was home, just because those first few months we tried very hard to make everything normal. And then even after trying for a while, you just . . . you can't do that. Dreams, night sweats for him, very, very difficult. You know, they send a soldier home from 24/7 scheduled day, you know, constant motivation, constant things to do, constant . . . you know, there's . . . there's . . . their sleep at night is maybe four hours and if they can grab some in the day, great. And then they come home, and they don't do anything. I mean there's nothing for them to do. And I think that throws them in {unintelligible}. Also, although they don't want to do anything. But at the same time, they're so used to be so regulated and scheduled that for them to be doing nothing is . . . for him, it was almost devastating, because he felt like there was something that he needed to be doing, but he couldn't think of what it was. And really nothing was important. "I don't have to save anybody's life today. {Laughing}

She further went on to describe their major challenge together:

So we need to be taught, and we need to learn... how do we learn a new language, how do we learn the new life instead of trying to get back what we had, because that's forever gone.

Another Air Guard wife expressed her disappointment in how things had changed:

When he came back, at first, I felt hopeful because he had agreed that we could go for counseling when he came back. And when he got back he said 'no, I'm not gonna do that.' That made me very angry and I'm still very angry. It was like starting over in our relationship, except there's a big handicap - its not like starting out fresh, and so things did not go well . . . you know, it's too bad for him, because I don't think he got the kind of welcoming homecoming that he expected, but I felt 'now what?'

The veterans who are potentially facing failed relationships are at risk for failed belongingness, a condition identified by Joiner (2005) and defined as the feeling of a sense of failure regarding the maintenance of their key social relationships. Failed belongingness is akin to being profoundly alienated and results in feelings of disconnectedness or isolation, as well as loneliness. With failed belongingness, as described by Joiner, the individual's efforts at establishing and maintaining social connections have repeatedly been thwarted or have failed. There is a sense on the part of the individual that he or she lacks meaningful connections to others and that previously solid relationships have become strained or lost.

Aim 2. Resources and strategies that would assist them with the reintegration process.

Figure 2 The Deployment Trajectory incorporates where during the deployment and reintegration process the resources and strategies described by participants as helpful were used or would be used if they existed. This includes types of family support used during deployment, types of family support used after deployment, post deployment strategies that would be helpful, and where issues with using VA services tend to come up for families in the post deployment period. What follows is a detailed description of each of these categories.

Deployment - Family Support During Deployment - types

These are the supports that were helpful during the deployment. These could be supports for the military member, and or the family. Some of these supports were from formal systems, like the Red Cross or the Military Family Support Program. Others were from informal sources, like extended family and friends, co-workers of either the veteran or the family members, and or ties to other military spouses or military members.

The Military Family Support Program is the support program developed by the Guard to support families. It includes the activities by the formal support program as well as some of the informal supports that individual units have developed among the family support group membership. The groups and system created after the first Gulf War received a lot of praise from the members and the families. One Air Guard wife told the story of how someone in the family program came to her aid:

While my husband was gone overseas, I couldn't get the lawnmower started, you know. {Laughing}. And here I'm thinking "well, this is just stupid." And my friend Michelle [in the family program], she's like "oh, no problem." Loads up her lawnmower, comes over and she mows the lawn for me one day while I'm at school and, you know, while her baby is sitting in the car seat asleep, you know. "Oh, my gosh. Michelle, you did WHAT?" That's just how she is.

She added the following information about this group:

you know, really, the . . . the wives board is amazing, and the new . . . the girl that I have helping me now, she is very big on making sure the spouses get together, too. And she actually started a newsletter.

One of the Army Guard members who had deployed to Iraq was full of praise for the family program and their work during deployment:

Yeah I can see that wholeheartedly. One of the things that I think really helped is the . . . the family program. The family program is there for the families, we're not. They're there for each other. And, you know, they get reports, you know, . . . when you hear stuff, and they can say let's find out if that's true, they had access to somebody who has access to somebody there, and they can get the real story and say, you know, that's not true. They can squelch those little crazy rumors and fires that get started. That's another reason it's really important to have communication with the family program.

The comments from the Air Guard members were equally positive:

The Family Support Program coordinator was good . . . real good on the Family Program and the benefits and the . . . or the resources that were available and . . . and keeping in contact with the wife and stuff.

And being able to have a good family program where you can just call and say "Hey, I got this going on. What are my options, you know, or . . . or is there anything you can do about it or any suggestions or whatever?" That . . . that makes a big difference. And I think that is the key to . . . to family members at home that have . . . that have issues or questions.

So unless, you know, . . . 'cause she's gotten, you know, . . . she's gotten to where . . . unless something is really important. You know, 'cause there's nothing I can do, really. they . . . they've got a good support program and the unit can take care of her for me.

The only not so positive comments were from families who said they wouldn't use this as a resource any way as they are so nonmilitary. Most of the activities were originally geared toward supporting families during deployment

Extended family and friends include connections and contacts with extended family and friends - an array of support was provided through this mechanism. Co-workers were often among the close friends that helped out. It could include activities for kids like soccer, other sports, which provide community connections. One Air Guard wife told how she used her in laws for help:

If not, I go to his dad and I tell his dad "you're my pastor. You're not my father-in-law. Go deal with your son!!!"

An Army wife shared:

I have just a wonderful group of people that I work with that have been there for me through . . . you know, I mean, anytime I needed anything, you know, they were there for me. My mom was here to help me with the kids. And, you know, I think that, you know, and I don't have a big family, so, you know, I think that for people who don't have that, it has got to be like so hard for them

For some this source of support wasn't a resource:

I felt angry in a way that here's this brother who didn't live that far away who could make some effort, and he certainly knew what it was like being military . . . knew what it was like, perhaps for families to experience someone being gone. You know, why couldn't he come and help?

No family. It was just in that respect it was probably a little harder because of the fact that we didn't have any family or anything close by.

But for those without family other support systems consisting of friends and neighbors worked well:

I can't do this alone. But it all worked out. We got it all taken care of, and it worked out okay. But you know my neighbors were a big help. They knew I was lonely, and so they were available to help me.

For some, their friends also had contacts in the military that were very helpful:

But we had one friend that was a help to me. I mean I felt like if I didn't know how to get a hold of somebody or I needed to know how to get a hold of somebody, it seems like one time there was some problems with his pay or something, and I had to call him and he took care of it for me because knew the right people to call, since he had been in the military and had just retired.

In some instances members had problems with frail older parents having emergencies at home that required Red Cross Intervention. Chaplains were a great help to the veterans while in the deployed environment. For some of the families, churches and church communities were a help.

That was . . . that was a surprise to me [need for Red Cross], and it made us realize especially in the Guard family, because traditionally the average age is closer to thirty to forty versus the active duty average was twenty to thirty. And so we realized over there was the other family members can include a mother, father, brother, sister, you have extremely frail people. And that was a big surprise to the unit leadership.

Chaplains could be a big help to deployed members:

So I had a lot of . . . I put together teams of chaplains and mental health, and I found that a lot of people who were not religious . . . I got a lot of people that had never been to church. They'd go talk to the chaplain, who would start going to

chaplain services, for whatever . . . I can't explain it. But they just would get comfort from that being around other people.

Churches too were a source of support for families at home:

I think people at our church were very supportive of me. We belong to a large church and people would call and check up on me.

So in summary, the family members and deployed Guard members used a combination of the Family Support Program and informal family and friend types of support during the deployment. Later, the usefulness of these same sources of support post deployment will be described.

Family Support Following Deployment - types

These are the supports that are available after the deployment is completed. These are skimpy compared to what is in place for during the deployment. Some of the categories listed were hypothetical, in other words, participants suggested they would be helpful but had not actually been able to use them.

Advice given by the military family support coordinator to help families who are expecting return of their veteran was commented on by one Air Guard wife:

the information like I'd gotten through the family coordinator talking about, you know, how you . . . you know, you're on your own duty things for six months. You do it your way. You don't answer to anybody. And there were things that had happened while he was gone that I had to deal with. So, you know, I knew I was stronger. And it was . . . it was nice having that information, because I couldn't see this happening with this person coming back in my life. It's like "that's not how I do it. What are you thinking?" But then, because I knew that "you have to have a sense of humor."

None of the participants really talked at length about Military One Source, which is the resource that most Guard members and their families are instructed to call if they need counseling help. The Reintegration Team was the formal set of services set up by the Oregon National Guard. One participant had used this service with very good results:

I called a . . . when we came . . . came to Ft. Lewis, they gave us a magnet for the Reintegration Team. And they said "stick this on your refrigerator. If you do anything, , put that magnet on your refrigerator. [One] day, you're gonna need it. Dial the 1-800 number and get somebody on the horn." Well, I happened to know who answered.

Although few participants had used the Reintegration Team services, some Guard family members did like the idea of seeking help from others in the same boat. It was suggested that reintegration services for family members be created:

And there still isn't anything for wives and family members that I know of. You know, my husband just went through the 30-day PTSD program down in Roseburg, and there's nothing for wives. There's nothing for family . . . at all . . . whatsoever.

The Army wife who made the above observations also spoke to the lack of outreach:

Exactly. Yes more outreach in that direction. More options for family. I called, and I said "I need something for me." It was like "well, you can see a counselor." And actually the first time we called, they said "no," because you're not in the military. And so I happened to have an "in" with one of the counselors, and {unintelligible} says ["yeah, you can see me]." {Laughing} But you know, that was me. There's other wives out there who don't have that.

Religious or church community support is a type of support offered by the religious tenets themselves or by the various church communities. As this Army Guard member shared about his faith:

beyond a shadow of a doubt, we I . . . I don't think for a second we would be together if we did not share that faith.

This Army wife remarked how the church communities tried to be there:

You know, even churches, they . . . they don't what to do or how, but they're there. You know that they're there.. And that's what the military ministries is trying to do is to educate churches on . . . when these people come home, "Yay!!!!" . . . now what? We can't just let them slip through the cracks, because they need help, and . . . and what's the practical help to give them." So that why I appreciate them so much, getting me started with that, and moving forward with that, is really good

Other spouses with similar problems were mentioned as another source of help post deployment:

And you can't talk to somebody who is not living with it or who has not been there and studied with it, you know. I have coffee once a month . . . it took me a year and a half to finally call these other women that . . . family coordinators that I worked with during the deployment, soldiers wives of the soldiers . . . Booth's soldiers that he was with, some of their wives. And I say, "you guys, I need you. I am going stir crazy. I've got to have some outlet." Because you try to talk to your friends. You try to talk to somebody who doesn't get it, and they look at you like . . . they don't understand.

Services that would be helpful for Guard members and their families should probably make use of what these participants have suggested and be focused on expanding to include the family members. As the one Army wife suggested participants in the Family Support Program should continue to support one another post deployment. Since those who are dealing with an issue are perhaps the best ones to help one another. The following are some of the strategies that members and their families used on their own and found helpful.

Post Deployment - Strategies That Help

These are the strategies that seemed to help facilitate reintegration. As with types of family support, some of these categories were suggestions by participants, not strategies that were actually available for them to use. Some of these strategies are strategies that pertain to a system wide approach (Family Support Program education program suggestions), and some are person and family specific coping strategies, such

as skill building with negotiating expectations, a strong marital relationship, knowing where to go for help.

According to a number of the participants, more reintegration education is needed. This would be better education about problems with fitting back into family and community again following deployment. An Army soldier said the following:

So I . . . I started seeing a counselor. And she explained that to me. What an eye opener! it made sense. I mean it was like a light bulb clicked . . . clicked on. But that . . . that type of information needs to[get to] soldiers, so they can prepare themselves and their families can get prepared for when they come home

This same Army soldier made this cogent observation:

We're not the first soldiers that have been to war. A lot of people have been before us. As we learn things on the battlefield that changes soldiers, we can also learn back home on how to work [on] change to make the soldiers [ready]. Also families prepared for when that soldier comes home

As one Army wife said:

Honestly, I wish that I would have been more educated. I wish there would have been some more education for me.

An Air Guard wife outlined what should be included in this education:

I think communication would be the . . . the biggest thing, knowing . . . being informed ahead of time, knowing what to expect, what might . . . what things he might be thinking or feeling or how he might be acting differently. Just to be able to recognize those things and see it as what . . . what it is. And to talk about it.

From these comments, it appears that many of the families and the Guard members were blind-sided by the changes that occurred during separation that later affected readjustment and that having some forewarning of what to expect would have helped.

Negotiating expectations is a key process that has to occur for successful reintegration of the veteran back into the family. Both parties have to work out their expectations of one another -- the changes that occur to the veteran during the deployment and the issues they bring home make this harder to do. Family members too have changed, and for them, sometimes it isn't that easy to readjust to the Guard members return.

Folks who had been married many years often had already learned many strategies to help them cope with difficult stressors that came up for the family. Some of these strategies included good communication skills as this Air Guard wife noted:

You know, he can tell everything just by talking. Well, we've been married for 10 years so, so you learn something about each other.

Maintaining sense of humor is the ability to laugh at conditions that occur during and after the deployment, it keeps the veteran and family member in a more positive frame of mind. As one Air Guard wife participant said: '*I think a sense of humor is very, very, very important in this whole thing.* Another strategy mentioned by one Army Guard wife was to minimize major life changes if possible:

I would say that the things that went well are the fact that we still lived in the same place. I hadn't changed a whole lot. I painted the bedroom and the bathroom, you know. And I've hear from people that moved houses. They . . . you know, they changed houses, they changed furniture, they changed all these things. And . . . and these soldiers that are . . . that come home to . . . to something different didn't feel like they came home

This was mentioned as way to make the initial transition back home easier -- to minimize wherever possible the changes at home and in the family that the veteran will have to adapt to upon their return.

Knowing where to go for help was not necessarily intuitive for most families and veterans, and requires some special insider knowledge to facilitate. Where families had access to this was more by chance -- or they had links with other veterans who knew this. As previously described by one Army wife, sometimes it was other veterans who were in the community who had their own past experience with post deployment adjustment who were able to funnel the Guard member and their family to helpful resources. Of course, one of the places one would expect to be able to go for help would be the Veteran's Administration (VA). The next category describes in detail one family's issues with seeking help from the VA system.

Veteran's and Family Issues with VA Services

The issues with Veteran Administration services could be divided up into concerns or problems with access, problems with follow up when service is provided, a propensity to use medications to treat symptoms without family input, a lack of family input overall into the treatment plan for the veteran, and the lack of services for wives or caregivers of the veterans. Although this was only commented on in depth by one family, the concerns raised as well as the possible solutions seemed important to report.

Access problems included difficulty with getting appointments as well as issues regarding long wait times for appointments, difficulty scheduling appointments, and problems with convenience of clinic locations:

Six months down the road they're starting to say "something needs to happen," but they don't know where to go to get it. Or when they call the VA, "yeah, we can schedule you in . . . you can get here in 0-10. I mean in '10. How's that sound," you know.

There were also problems with appointments once they were scheduled with being canceled:

Just because they're so inundated with people that need to get in, [we get] the call backs. To begin with, my husband would have an appointment set up, and then they'd say "gotta cancel it" to a month later he could get in. I think he had that happen a couple of times...

On further elaboration:

The callback time. These soldiers are already frustrated, they're already hurting. The last thing they want to do is knock on somebody's door again. They want somebody helping them. So there needs to be some people available, and then .

. . . they . . . there needed to be. There are a lot more now and there are more coming in to do that, but that is one thing that I would say, is it the availability for them to be there. And the cancellations were big. That was very frustrating.

Even when the care providers are caring, the VA systems follow up seems to be problematic at times:

They're kinda working on a mild TBI for him. But at the same time, he took that test three months ago. We haven't heard a thing

Another concern was the propensity of the VA services using medications rather than treatment

THAT was an eye-opener to me. Yeah, Booth has a list of medication he is taking like this, and each word is this long, you know. And there is . . . there's no accountability, in my opinion, to some of these soldiers that are hooked on medication. That's just it. They're done. They take their medication, and they sleep, because they . . . They're sedated, and they don't know how to fiddle. They don't know where to go. And then when they talk to people, people are like {gasping sound}” . . . you know. So . . . honestly I would like to see the VA get more involved with the families.

She made the further observation that some of this should be modified with family input:

If they could even almost send questionnaires out to the significant others of “what do you see your husband . . . or your soldier going through? What are some of the issues?” Because these psychiatrists hand out medication for what? To who? And, you know . . . They don’t have the information. He sat down at his computer screen {typing on a fake computer keyboard}, and named off 10 different medications. “Okay, which one do you want?” I’m not kidding. I’m not joking.

This Army wife observed very cogently that her spouse’s VA health care was missing key information that family involvement could address:

And another thing is, just . . . just this last . . . three months ago, I went into to see the doctor with my husband, which I hadn’t done before. And when he saw the general practitioner, that was an OK appointment. But he went to see the psychiatrist. And he had seen him many times before, was receiving medication for the sleep, for the depression, for the anxiety. And I’m sitting there, and the doctor says “so, is there a reason for you to be depressed?” “I don’t think so.” “Is there a reason . . . is there anything new and pressing why you’re anxious?” “Not necessarily.” You know, so he asked this soldier these questions, and I looked at the doctor . . . “can I kinda add some input here?” And he looked at me . . . and this is personal. You know, this isn’t really anything that the VA can regulate. But he just was almost like “well, who the hell do you think you are?” You know, he goes, “well, if your husband says you can, that’s fine.” And so I looked at Booth. I says “well, can I add some stuff here?” You know, and he’s... He says “well, if you want to.” I’m like “OK, doctor, this man just retired from the fire department, not because he wanted to, but because his body broke, all right. He was forced into early retirement. He is no longer able to perform in his wrestling activities, because he hurts so badly, so he can no longer do that. And he’s looking at

retiring from the military, because he can't pass the PT test, because, you know, all these issues are like this." And the doctor looks at my husband and goes "is that right?" So these doctors are only getting what the soldiers are gonna tell them. There's not enough information for these doctors to properly treat these soldiers, in my opinion

On the other side, it's hard for the doctor to help if the veteran won't tell doctor what is wrong, but this serves to illustrate why family input could be so helpful:

Right. Well, exactly. You know, and I'm kinda the same way. You go to the doctor and say 'well, you know, I'm all right. Well sometimes I can't lift my coffee cup anymore, 'cause my elbow hurts so dang bad. You know, I must have some arthritis or something going on in there.' See, you have to get to the point where you're willing to pass that information on. And some of these soldiers, they're just not there yet. And . . . and, you know, some of this, you can't . . . you can help it. You know, this is unavoidable stuff unless they're willing to be open or, you know, the family members are willing to get involved.

Another observation made was that there needs to be veteran outreach from VA. Right now, to get services, the veteran needs to apply. However, for some veterans, perhaps the ones in most need of service, we have the barrier created by their unwillingness to seek help:

There needs to be more contact from the VA, not the soldier, 'cause the soldier is sitting there going "hmm . . I never want to go to another appointment. I never want to be responsible for anything." And that was one thing Booth said, he says "I don't want to make another decision ever. I don't care what kind of decision. I don't want to make anymore decisions whatsoever." And he still has a hard time making decisions.

Because of eligibility issues, the VA has not in the past provided services for wives. Hence, as this Army wife observed - there's nothing for wives at the VA and VA services often do not incorporate family into the treatment plan, nor do they offer family supportive services for those caregiving for the veteran.

Other Significant Findings

All of the findings from the qualitative data collection and analysis were reported in the discussion of the findings for both Aim 1 and Aim 2. The reporting has been exhaustive, and an extensive amount of data has been included in the report. In addition, the codebook for the project will be sent as a separate document along with this report.

Figures and Graphs

Figure 1 Finding the Way Back In: The Deployment Reintegration Trajectory Model

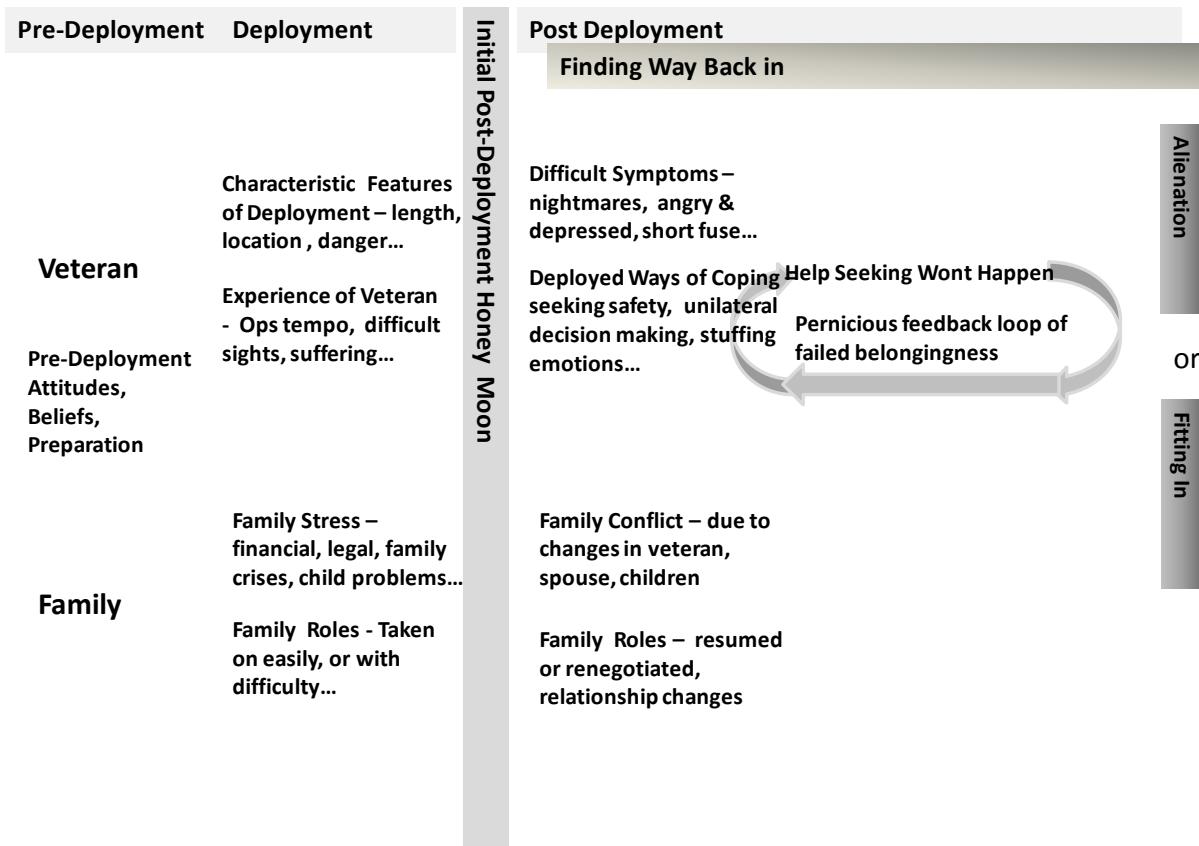
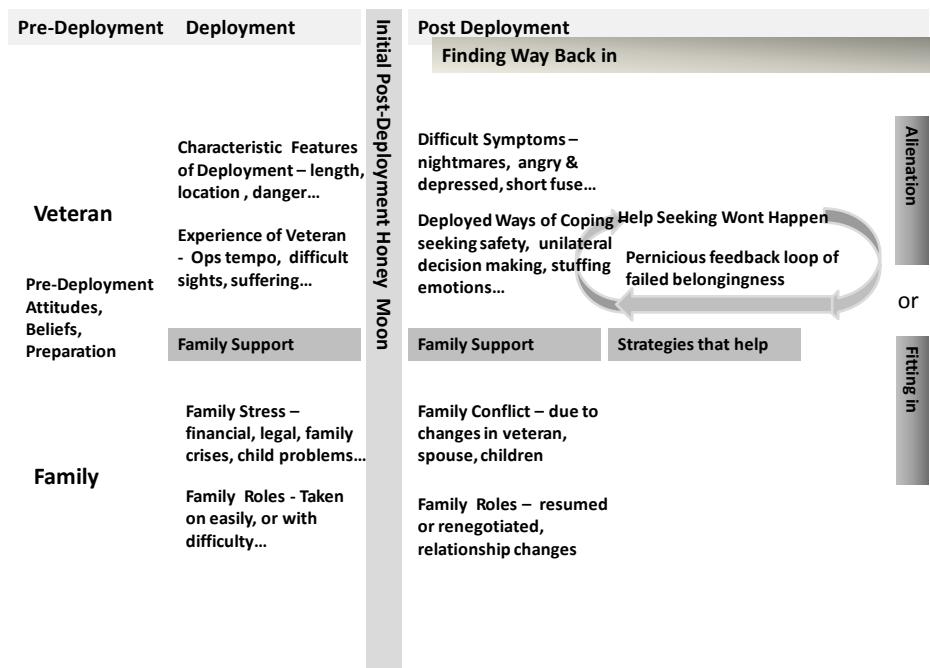


Figure 2 Resources and Strategies for Finding the Way Back In Following Deployment



Relationship of Results to Specific Aims

Figures 1 and 2 present a summary of the qualitative findings from this study.

Figure 1 The Deployment Reintegration Trajectory depicts a model of the trajectory of deployment separation and the conditions and context that subsequently will influence reintegration. Pre-deployment, the attitudes and beliefs about the deployment as well as how well the family is prepared for the separation later influence some of the responses to the separation. During the deployment, the new roles assumed by family members due to deployment along with concomitant stressors that may exist at the same time shape the families initial and later responses to the deployment. At the same time, the Guard member is having their experience with the deployment which is greatly influenced by the characteristics of that deployment (e.g., length of time, perceived danger and stress in the location) along with their experiences in that location (e.g. ops tempo, stress and unpredictability, quality of the supervisory support). The contact made possible by modern technology helps to keep the guard members and their families connected—but may not work to maintain the kind of communication that facilitates true sharing in one another's lives. Immediately post deployment there is a honey moon period where the guard members and their families exist in a state of pretended normalness where neither side wants to rock the boat about their expectations and need to renegotiate roles and relationships. Eventually though, if change in the family and the member has been great enough – they must deal with resetting expectation and renegotiating roles and relationships. Change in the member may be due to hold over of difficulty symptoms they continue to endure post deployment, plus the use of coping mechanisms that served them well in the deployed

environment but cause problems at home. Not all members and their families will experience difficulty with this, but for some the problems will be substantial. It's at this point that seeking help may be appropriate, but for some, they will be first reluctant to recognize the problem and or act on it once it is pointed out. It's at this point that some will resolve their difficulties and go on to reestablish belongingness or fail to do so. A pernicious feedback loop can be set up where the member continues to use their previous ways of coping that are not working and serve to further isolate the individual from the family.

Figure 2. Resources and Strategies for Finding the Way Back In during the Deployment Trajectory incorporates where during the deployment and reintegration process the resources and strategies described by participants as helpful were used or would be used if they existed. This includes types of family support used during deployment, types of family support used after deployment, post deployment strategies that would be helpful, and where issues with using VA services tend to come up for families in the post deployment period.

Limitations of Study

The main limitations of the findings for this study are that they were generated from fewer participants than had originally been planned for in the study design. Because this was a qualitative study using purposeful sampling, the concerns about the adequacy of the sample relate more to whether or not the participants who did participate were able to provide sufficient data to allow the researcher to achieve intimate familiarity with the setting or topic being investigated (Charmaz, 2006). Are the data sufficient to merit the claims made in the findings? Are there a sufficient range, number, and depth of observations contained in the data to establish credibility?

The original sample plan called for approximately n=36 Guard members, and n=36 family members to participate in a series of focus groups of 5 to 6 participants to discuss their experiences with deployment and reintegration. In that original plan, potential participants were offered the option of individual interviews in lieu of focus group participation. Most of the participants, for practical and privacy reasons, preferred individual interviews. The individual interviews generated a large amount of detailed and rich data about the study topic. The data gathered from the individual interviews produced quite a bit of nuanced information about the conditions and context of each participant's experience, which might not have been obtained if only focus group data had been used. So even though the original target sample number was not reached, the data collected was rich. As a result, the links between the data gathered and the arguments and analysis covered in this study report are strong. But because most if not all the family perspective was provided by spouses, it is not clear how the experiences of the families of Guard members who are not married might have differed. Also, children were not interviewed, their perspective was reported second hand by their parents. In addition, consistent with the demographic profile of members of the Oregon Guard which has few minority members, no members of ethnic minority groups participated in the study. So the empirical observations in this study do not directly cover these key groups, whose perspectives could differ.

In addition to concerns about obtaining data from a wide range of demographic groups, there could be concerns about limitations of the data if an insufficient range of experiences were sampled. The length of deployment, and location of the deployment are key features that affect the experience of reintegration described in this study. Approximately two thirds of the sample was deployed less than a year. Because a key feature of later problems with fitting in relates to substantive changes that take place in the Guard member and their family members, those who endure shorter deployments won't be expected to change as much. This was indeed the case. Although it might have provided more confidence in the findings if more data had been collected among Guard members who were deployed for longer periods, the ability to contrast the experience of those with shorter deployments with those who endured longer deployments was still possible. Also, because Guard members who deployed to areas that were experiencing more intense insurgent activity seemed to come home with more difficult symptoms and a stronger propensity to use deployed ways of coping, it would have been helpful to have more data from individuals who had endured this kind of experience. However, again, since one third of the participants in this study could speak to this experience, it was still possible to contrast their experience with that of the participants who deployed to less intense settings. From the literature review, it was apparent that one experience we were concerned might be a sequelae of reintegration was family violence. In fact, a number of the study procedures were created to protect vulnerable participants who might be experiencing this problem. None of the participants in this study reported any difficulties with family violence. As a result, the data collected do not speak to this issue and we are unable to draw any conclusions on this topic, nor incorporate this experience into the findings.

Reliability and Validity

Reliability and validity of the data were addressed using the criteria outlined by Sandelowski (1986;1993) and by LeCompte and Goetz (1982). Constraints on the reliability of data were handled by careful description of those who provided the data and how they were chosen. The researcher's role and status within the group studied was made explicit during the data collection process and with the analytic consultant. Under methods, the strategies used to collect and analyze data, were clearly described so that other researchers could use the information to replicate the study.

Internal reliability, defined as the degree to which other researchers given a set of previously generated constructs would match them with data in the same way as did the original researcher was assured with the following strategies. Only verbatim accounts of what people said that were mechanically recorded were used for data analysis. All data analysis was subjected to peer examination with a qualitative data analysis expert who is a trainer for the NVivo8 software used for the project and is well acquainted with the qualitative methods.

Threats to internal validity were also be managed in the following ways. History and maturation become problematic when process and change are the focus of the research project. To manage this threat, ideally people would be interviewed prospectively at various points in the deployment reunion trajectory. Since this was not possible, careful attempts were made to identify intervening factors in the social scene and to do retrospective tracing of phenomenon using the features of the NVivo8

software. To address the concern that participants might alter their answers to please or impress the interviewer, reactivity must be assessed. This is accomplished by noting the impact the participants or evidence and the researcher had on each other. There was little motivation for participants to misrepresent their views to the researcher. None of the participants were likely to receive any status enhancement or satisfaction from interviews conducted in private. Credibility of informant reports was judged to be generally high as participants had little to gain by deceiving the researcher. No participant refused to answer any questions, other than three participants who did not answer all of the demographic questionnaire. Omissions may have occurred due to lapses in memory.

Member checking is generally regarded as an excellent technique for ensuring internal validity. However, as Sandelowski (1993) has noted, member validation may actually present a threat to validity. Researchers and participants often have different stakes in the research such as being right, maintaining personas, and may be pursuing different agendas. Often members are more interested in concrete descriptions of their own situation rather than theories that incorporate their views with other member's experiences. Members may have motives to consent to participate in research that are at odds with the study's purpose. "Stories previously told may elicit feelings members no longer have, regret, and/or have forgotten...members may want such stories removed as data" (1993,p. 5). Any corrections made in the member checking process must be warranted as a correction and not as new data that must be analyzed in its own right. Another problem that arises occurs when participants want to retract or alter information previously provided. Presentations of findings to members are complicated by the decision dilemma to use lay renditions or scholarly syntheses. Lay renditions may not fully portray the scientific conclusions. Researcher derived constructs were not verified with participants. Instead, constructs were verified against the collected data and via expert peer examination.

Selection as a bias creates distortions in qualitative research due to selection of participants to observe and informants to interview. This concern has been addressed in detail in the above limitations section. Although there are concerns that there are some experiences underrepresented in the data for this study, for most of the important concepts there was sufficient representation of experience to do adequate constant comparison in the data analysis. Mortality or growth and attrition are assumed to be normal processes in most group settings so the task becomes identification of their effects. Retrospective reports that are related to present difficulties must be interpreted cautiously. The reports are subject to errors of memory. Prior research suggest that individuals will alter accounts of the past to create a coherent picture of the present (Cohler, 1982). Although this may be viewed as a limitation especially in terms of collecting accurate details of what happened when, it may also be seen as a strength in that participants stories are "the most internally consistent interpretation of presently understood past" (Cohler, 1982, p. 207). Therefore the narrative data shared by participants represents their present construction of events concerning the family separations they endured and their lives since that time. To avoid spurious conclusions, postulating associations among phenomena depends on elimination of alternative explanations which requires effective and efficient retrieval systems for data.

External validity or the degree that representations may be compared legitimately across groups, can be compromised in qualitative research by selection, setting, history and construct effects. Selection effects occur when some constructs cannot be compared across groups because they are specific to a single group. This occurs more frequently when the researcher uses designated categories *a priori*. In this study all categories were derived from the data. Literature checking to confirm findings was done only after this process was used to derive the categories. Setting effects occur when a construct is a function of an observer-setting interaction and may be treated as equivalent only for groups being observed in a comparable manner. Interactive dynamics between the researcher and the participants were examined to determine if answers given to questions were a function of the interview setting. To avoid setting interactions, most of the interviews were conducted in private homes and confidentiality was assured. History effects occur when cross group comparisons are invalid due to the unique historical experiences of groups and cultures. Construct effects refers to the extent abstract terms, generalizations, or meanings are shared across times, settings and populations. In this study, one of the important contextual factors that emerged was public sentiment regarding the war. Review of the wartime separation literature indicated that this has been a variable factor in every American conflict. Therefore comparisons among the veteran's families for different wars may be invalid. To manage threats to external validity, some of the strategies suggested by Sandelowski (1986) were employed: checking for the representativeness of the data, triangulating across data sources, ensuring that theories about the data contain typical and atypical elements of the data. In addition, peer debriefing and expert evaluation of labels and content was used.

XI. Conclusion and Implication

Conclusions

"Finding the way back in" is the key process that the military member must complete in order to successfully reestablish a sense of belongingness with the family. As noted earlier, finding their way back in presents several challenges as Guard members and their families integrate and process the changes that have occurred during the separation. Other studies have identified similar challenges during reintegration. Faber and colleagues (2008) qualitative description study examined boundary ambiguity in military reserve families over time post deployment. Boundary ambiguity was defined as a state in which family members are uncertain in their perception about who is in or out of the family and who is performing which roles and tasks within the family. In this study, a sample of 34 reservists, spouses, and parents was interviewed 7 times within the 1st year of the reservists' return from Iraq. After the reservists returned, couples who had experienced additional life events or losses experienced the highest levels of uncertainty about feelings of who fits and who doesn't, and as a result conflict about who is performing which roles and tasks. This finding is consistent with the main finding in this study that families who have endured the greatest changes in their members, struggle more with reintegration. Veterans who have experienced a great deal of stress in the deployed environment, and retain difficult symptoms and problematic ways of coping, have more difficulty working their way back into family life. Also, in families where the members have changed substantially either

due to normal developmental changes or through adversity, and where there is role conflict on the military member's return, also struggle. Both the member and the family could have changed substantially during the deployment and this makes coming back together harder.

Among military members interviewed post deployment in other recent and historical studies, many have reported that their place in the family seemed to have changed. In a study of 199 military veterans who served in Iraq or Afghanistan, three fourths of the married or partnered veterans reported an array of family problems in the past week. Problems included feeling like a guest in their own house (40.7%), children acting afraid of or not being warm toward them (25.0%), or being unsure or expressing doubts about what their family role (37.2%) is now (Sayers, Farrow, Ross, Oslin, 2009). Hill (1949) found that prolonged separation makes it more likely that the place in the family made vacant by the separation will not be held open thereby making family reunion more difficult. Similarly, the wives of men drafted for service in Vietnam found that they could not take up where they had left off before their husband's departure, several months of adjusting were required (Bey and Lang, 1974). These findings are consistent with the findings in this study, where some participants expressed quite a bit of existential angst over not fitting in anymore when they got home. The primary task the family faces is renegotiating roles and relationships that may have subtly changed during the military member's absence. Lapp et al. (2010) labeled this work finding a new normal.

The intensity level of this struggle to fit back in varies considerably among the participants in this study. Several conditions that occurred pre-deployment, during the deployment, and post deployment shape the degree of challenges with reintegration that a veteran and their family will encounter. Just as in Lapp et al.'s study (2010), the participants in this study categorized their experiences along a timeline of deployment reintegration. The discussion of findings will be organized around that framework.

Pre-Deployment

Beliefs about the necessity or importance of the deployment in general and the member's need to participate specifically, affect the family's response to the deployment. Other family researchers have made similar observations about how families respond to a stress like deployment. According to McCubbin, Cauble, and Patterson (1982, p. 116), "The way an experience is recognized and the meaning attached to it determines to a large extent the threat posed by the experience." In this study, family members who bore resentments about the necessity of the deployment separation had more difficulty enduring the separation and more resentments when the member returned than those who did not share those negative appraisals. In McCubbin & Patterson's (1983) model of the family stress process called the double ABCX model of adjustment and adaptation, the subjective appraisal of a stressor can be more predictive of that impact of that stressor than what the objective features of that stress would indicate. Another important factor that shapes the response to the deployment is the degree of preparation for separation. Preparation or lack of it, can significantly affect either the positive or negative response to separation. In a study in 2010; Lapp's participants also mentioned getting prepared for the deployment as a critical coping

strategy that made deployment easier. Where preparation was inadequate, resentment toward the member leaving could develop and add considerable stress to the family.

Deployment

There were several characteristics of the deployment that can have an impact on the Guard member and the family. One of the most critical features is length of time in the deployed location. Previous studies bear this out. The length of deployment has been linked to more increased behavior problem during deployment and increased attachment behaviors among young children with a deployed parent showed at reunion compared with young children whose parents had not experienced a recent deployment. (Barker & Berry 2009). Child behavior problems were related to many individual child and family characteristics, such as child age and temperament, length of the deployment, total time deployed parent was absent, number of moves, and number of stressors reported by parent. Child attachment behaviors were related to the length of the deployment, number of deployments, and the number of stressors faced by the parent.

Several factors influenced the degree of stress that affected the deployed Guard member and the family members at home. For the deployed member, several aspects of the experience in the deployed location might later have an effect on the response of the member once they returned home. Some of these, such as the perceived danger in the setting (Hoge, Auchterlonie,& Milliken, 2006) have been identified by other researchers as risk factors for later developing symptoms of distress such as nightmares, etc. For family members, there were a couple of situations that put members under more stress. The first was the number and difficulty of added roles that must be assumed in the member's absence. Just as with Lapp's study (2010), a number of participants in this study talked about the extra work they had to take on assuming the deployed family members' roles. In Faber et al.'s study (2008) spouses reported that they had to take over the roles of their reservist while he or she decisions affecting the family. Taking on additional roles and responsibilities was difficult for spouses. The second type of situation was stress introduced by an array of other concomitant pressures. Family stresses reported by participants in this study included serious medical problems of the Guard member or the spouse, teenage child crises, power of attorney issues, and fighting non custodial parents. Similar to findings by Jensen, Lewis and Xenakis, (1986), family members in this study reported that their response to the crisis of separation was also a function of other stresses the family was experiencing simultaneously with the present emergency. Data in this study are consistent with Knapp and Newman's (1993) finding that accumulated stresses accounted for 24% of variance in psychological well-being in a sample of 74 active duty army wives stationed in the Persian Gulf. Other stresses usually resulted in an increased work load for family members already burdened by many new demands

During deployment, Guard members and families used an array of methods to stay connected. In Lapp's study, staying connected with the soldier and "relevant others" during deployment, was another often cited coping strategy for dealing with deployment stress. Hill (1949) found that families that maintained the father in their thinking handle reunion with less difficulty. Use of correspondence, telephone calls, care packages, photographs, and tape and video recordings has been identified in other

studies as a strategy for maintaining feelings of marital intimacy (Blaisure and Arnold-Mann, 1992; Hillenbrand, 1976). A lack of communication tends to increase emotional distance and lessen the intimacy between the couple (Glisson, Melton and Roggow, 1980). In this study, because family members and the Guard members sometimes kept key information from one another (as in when Guard members did not share how dangerous their environment was, or family member hid stressful events from the deployed member) to protect the other – it could interfere on long deployments with maintaining connection. So even though the means to keep in touch from great distances across many time zones have improved greatly since the first Gulf War (Messecar & Kendall, 1999), this desire to protect family members from information that they could do nothing about kept families from being as much aware of what was happening while apart.

Post Deployment

Veteran Post Deployment Difficult Symptoms

Consistent with findings of this study, Taft, Schumm, Panuzio, & Proctor (2008) found that the PTSD symptoms of withdrawal/numbing and arousal/lack of control symptoms were associated with negative effects on family adjustment. In other words family functioning is adversely affected by these changes within the veteran. Those who have more symptoms can reasonably be expected to have more difficulty fitting back in to the family than those with no or minor symptoms. Combat veterans, who are more likely to have difficult symptoms post deployment, have shown high rates of marital instability and divorce in prior studies (Kessler, 2000). Female partners of PTSD patients have reported less marital satisfaction (Jordan et al., 1992), and higher levels of caregiver burden and psychological maladjustment (Beckham, Lytle, & Feldman, 1996), than partners of veterans without PTSD. Renshaw, Rodrigues, & Jones (2008) examined marital satisfaction and symptoms of spouses of National Guard soldiers recently returned from deployments in Iraq. They found that spouses experienced greater symptom severity when they perceived high levels of symptoms in soldiers but the soldiers endorsed low levels of symptoms. Furthermore, spouses' marital satisfaction was negatively linked to soldiers' self-reported symptom severity only when spouses perceived that soldiers had experienced low levels of combat activity while deployed. When spouses perceived high levels of such activity, soldiers' self-reported symptoms had no relationship with spouses' marital satisfaction. Symptoms are not limited to those that strictly meet the definition of PTSD. Symptoms other than PTSD have been noted in veterans post deployment such as anxiety disorders and depression (Fiedler et al. 2006).

Veteran Deployed Ways of Coping

Although concepts that are similar to those described in this study are part of many reintegration programs, these have been rarely identified in the formal literature about separation and reintegration. However, one source was found that identified one of the ways of coping that were described by participants in this study. According to Blaisure and Arnold-Mann, (1992), an interesting component of the Navy Return and Reunion program cautions returning sailors that they should not be surprised to be asked to change their seemingly dictatorial communication. This was identified by a participant

family as an unanticipated problem that occurred upon reunion that definitely caused a lot of readjustment problems. So though these problems with deployed ways of coping are identified as concerns in many reintegration training programs, this is one of the first studies to document this behavior among returned veterans and the impact that this has on family reintegration.

Family Roles and Conflict After Deployment

At the same time that the veteran may be experiencing the after effects of deployment , their family members may also be struggling with how their roles and relationships have changed in the veteran's absence. This was particularly true for families with children. Previous studies have also found that veterans experiencing symptoms of stress post deployment, have trouble reconnecting with children. Samper, Taft, King & King (2004) found that veterans with high levels of PTSD symptoms and avoidance and emotional numbing symptoms in particular are at the greatest risk for reporting poor parenting satisfaction and having difficulty resuming their parenting roles. Lapp's (2010) participants also noted that renegotiation of roles was an important task of reintegration post deployment. This was particularly true for the families with adolescent children. The need to be able to engage in role renegotiation has also been noted historically. Hogancamp and Figley (1983) noted that in their studies of military personnel, there may be some tension as new roles and responsibilities are renegotiated after a military separation. In fact, role renegotiation has been piloted as an intervention for resolving role conflict problems post deployment (Gambardella, 2008) and has shown promise as an effective strategy to reduce family conflict post deployment.

As in this study, other studies have found that the changes that have occurred in the veteran as a result of their deployment experience, can cause problems in the marital and family relationships upon return. Goff, Crow, Reiberg & Hamilton, (2007) found that increased trauma symptoms, particularly sleep problems, dissociation, and severe sexual problems, in the soldiers significantly predicted lower marital/relationship satisfaction for both soldiers and their female partners. The results suggest that individual trauma symptoms negatively impact relationship satisfaction in military couples in which the husband has been exposed to war trauma. Posttraumatic stress disorder symptoms of avoidance for veterans, and co-morbid symptoms of anger and depression for veterans, and anger on its own for partners appear to be important in the self-report of family functioning (Evans, McHugh, Hopwood, & Watt, 2003). Just the separation itself can disrupt relationships within the family. As McLeland, Sutton, & Schumm, (2008) found service members either anticipating an upcoming deployment or recovering from a recent deployment reported lower scores on the Kansas Marital Satisfaction Scale. Such results lend at least some credence to the stress hypothesis that would predict that separations from loved ones might indeed affect close relationships and even reduce their satisfaction-not only during the separation, but both before and after the separation period. Family conflict and having problems fitting back in can become a persistent problem if the veteran is unable to recognize that they are having issues, or is unwilling to seek help.

Veteran Help Seeking Won't Happen

One of the most important prerequisites to seeking help is recognizing that you have a problem. For many Guard members, it was their spouse who pointed out that they were having a problem. As has been previously described by Spoont and colleagues (2009), in those cases in which the veterans were unaware of or were normalizing their distress sensations, unsolicited feedback from others often facilitated acknowledgement of sensation saliency. In the absence of such feedback, the normalization process might have persisted and no adoption of the PTSD label likely would have occurred. Just because a Guard member might have knowledge of post-deployment symptoms of PTSD might not be sufficient for them to accurately evaluate the clinical significance of their own experiences. Some of the stated reluctance to seek help among participants in this study was fear of career repercussions. In a meeting convened by the Oregon Legislature on December 3, 2009, clinicians from the Portland VA noted that when veterans are completely done with the military they are more likely to use VA medical services than when they still are in the Guard or Reserves, because Guardsmen and Reserves still fear career implication of seeking mental health (minutes legislative task force on reintegration December 3, 2009). Other identified causes for being reluctant to seek help with reintegration issues was the lack of fit between one's image as a professional military person and having problems. Military members have to be able to endure suffering and put their own needs aside in order to be able to do their mission responsibilities. The military culture of self-denial, while essential in the combat operational environment, blinds one to accurate interpretation of symptoms of distress once out of that environment. Families and other veterans are key to helping returning veterans identify when they are having symptoms and prodding them to get help if they significantly interfere with their reintegration back into the family and community.

Veteran Alienation from Family and Community

As noted in the above discussion, findings from this study are consistent with many other studies that have found that veterans struggling with post deployment sequelae can become significantly alienated from their families post deployment (Evans, McHugh, Hopwood, & Watt, 2003; Goff, Crow, Reiberg & Hamilton, 2007; Jordan et al., 1992; Kessler, 2000; McLelead, Sutton, & Schumm, 2008; Renshaw, Rodrigues, & Jones, 2008; Samper, Taft, King & King, 2004). Newby et al. (2005) examined the perception by 951 U.S. Army soldiers of positive and negative consequences of a peacekeeping deployment to Bosnia. Married soldiers were more likely than single soldiers to report negative consequences (70% vs. 55%). Negative consequences included deterioration of marital or significant other relationships. Marriages in trouble before the husband's departure were often further disrupted by the stress of separation although some felt their marriages were closer as a result of enduring this crisis (Bey and Lange, 1974). In this study, indicators that the veteran may becoming alienated from the family and the community included persistent problems with the marital relationship, and a growing separateness from those they love and from themselves captured by the feeling of not fitting in. Not fitting in is similar to the condition described by Brenner et al. (2008) called failed belongingness. Being unwilling to seek help can perpetuate this feeling and create a negative feedback loop where these feelings are increased.

Family Support Both During and Following Deployment

As in Lapp's (2010) study, participants noted that the most effective resources identified by spouses were people living the same experience. Most of the participants in this study reported quite a bit of satisfaction with the Family Support Program during the deployment. It appears though that post deployment participants either used the services of the Family Support Program less, or they did not perceive that they had services to offer that would help them with reintegration. This is consistent with findings from a study of support services conducted by Pittman and colleagues (Pittman, Kerpelman, & McFadyen, 2004). They found that satisfaction with services was associated with more positive deployment-period coping. The researchers concluded that their result suggests that the use of these services was not limited to troubled individuals and families who were coping poorly. In addition, satisfaction with the services used seemed to facilitate short term coping. Another important finding in this study was the lack of a direct link between support services and post reunion readjustment. The researchers concluded that support services used in the deployment period did not have a sustained influence on the quality of family life beyond that period. They further speculated that this was because of the type of services offered by the support program and the pattern of their use. The most commonly used services related to the deployment itself (preparation and information services, along with other unit based services). The researchers noted that such services were not designed to affect family dynamics post deployment. Just as in this study, most participants reported great satisfaction using the family support program services during deployment but did not look upon the program as a resource following return of the veteran. This is probably because these support services were originally conceived of as substitute for having the military member present, and an implicit assumption that once the member returned, such support would not be necessary.

Post Deployment Strategies that Help

Most of the strategies described by the participants were spoken of in hypothetical terms. Prime among these were getting more family reintegration education prior to the veteran returning. As one wife stated, there needs to be more options for family. Most of the offers of free counseling in the local area were for the veterans themselves. To obtain counseling from the VA or the Vet Service Centers, you have to be a veteran. This definition of who and who is not entitled to services is problematic when one considers the findings from this study that there is a strong bias among veterans about obtaining counseling. Not having options for family in terms of providing more reintegration education denies veterans and their families of an important resource in terms of ultimately getting help and having that help support the veteran.

Veteran and Family Issues with VA Services

Although the issues with VA services were only spoken of in detail by one participant in this study, the concerns raised seemed worthy of describing and reporting. Primarily, the issue seems to be two fold, one that care for veterans could be significantly improved with greater family input into the evaluation and treatment process, and two that mental health services in particular should consider a broader definition of who is entitled to services so that key family members can receive

treatment when there are serious reintegration problems going on in a given veteran's family. Other studies have made similar conclusions. Riggs findings led to the recommendation that couples and family therapy be considered in the treatment of PTSD (Riggs, 2000). Manguno and colleagues found that when partners who feel they have limited access to the veteran's mental health experience uncertainty or lack of control over the veteran's symptoms, and this exacerbates the negative impact of PTSD on them (Manguno-Mire et al. 2007). These researchers noted that partners were describing the inherent barriers to involvement in the veteran's care that are reflective of the dynamics of the VA model of care. Within the VA Healthcare setting, veterans control the flow of information and are de facto decision makers about whether partners become involved in their care. This model precludes effective family involvement and may exacerbate, rather than stop some of the negative feedback loop problems observed in this study.

Implications

Family support programs need to extend their purview to the post reintegration period in addition to providing support before and during deployment. Compared to feedback from families post Desert Storm, it is clear from the findings from this study that the Family Readiness Group has greatly improved the support they give to help families to prepare them for deployment and then to assist them during deployment. In fact, in 2008, the family support programs were given additional funding to support several new initiatives. The new staff members added to the program to assist military members and their families were a Military Family Life Consultant, a Child and Youth Consultant, a Military OneSource Consultant, a Youth Program Specialist and a Red Cross Liaison. The new staff members include licensed counselors who are available to provide short term emergency counseling. The Military OneSource consultant provides educational briefings. In addition, the Family Readiness Groups have sponsored events for families such as a couples away weekends, and other activities meant to support the family once the veteran has returned. More work however is needed to both advertise this to Guard members and their families and especially to get them to use it. For example, in November 2009, a family conference was sponsored in the Eugene area that was focused on reintegration. In spite of very extensive advertising and networking by the Vet Center in the area, very few of the attendees were family members of Guardsmen.

Some of the difficulty the Family Support Program has had in getting more attendance at these events might be due to the reluctance to seek help noted by the participants in this study. Reintegration support activities that expect both the Guard member and their respective spouse to attend an activity like a couples weekend may be doomed to low participation rates if they are contingent on both the military member and family member both agreeing to attend. A better strategy may be to offer education and training tailored to either the Guard member or the family members separately. As was noted by the participants in this study, it takes the Guard member and the family time to realize that reintegration is not going as was expected. Often, it's the wife or another Guard member who realize that things are not going well for a particular returnee. Offering education and support to Guard members or their family members on a just-in-time basis, at the time when one or the other begins to feel that difficulties are

developing could be a more effective strategy for outreach. One of the participants made a very helpful suggestion that for the Guard member, preparing for family reintegration should be a routine training that members get, just like training for their military tasks. One of the reasons military members receive intensive training for their war skills is so that when they are in a crisis situation, and their ability to think and respond is diminished, their training can take over just like a reflex action. If this kind of training for family reunion is provided ahead of time, not when the member is in the midst of problems at home, the participant reasoned that the strong barriers to seeking help could be overcome. On the family side, one of the wife participants suggested that a program tailored to family members, for family members, by family members would be a great help to others who find themselves in the situation that she encountered with reintegration. One key element is the involvement of individuals with the same problem. While professionals are always helpful, getting help from someone who is going through the same problem is very powerful.

Veteran and family reintegration education needs to emphasize the reintegration period more. As Doyle and Peterson (2005) noted, it is critical to include families early in the planning for reentry and reintegration. Key elements to include in a reentry program would be the normalization (non-medicalization of distress); easy access to behavioral health professionals; and education of families on resources and benefits. The National Guard Family Program has developed extensive Internet resources for community outreach and to provide education to Guard members and their families to increase family readiness. The website contains several resources for various stages of deployment for families. The video on reintegration following deployment was developed by the National Center for PTSD in the US Department of Veteran Affairs. Many of the key points made in the video echo what participants had to say about reintegration in this study: <http://www.jointservicessupport.org/FP/Step6.aspx>. It's not clear, however, if the Guard members and families who need this information are accessing it. In fact, one of the main concerns raised by the findings of this study are that the Guard members and families most vulnerable to having problems with reintegration will not self-identify as such. So the conundrum is how to reach out or to screen for those at risk families, before they reach a crisis, or divorce is imminent.

The most important implication of this study is that we need a means to identify veterans at risk of developing a sense of failed belongingness because they are having difficulty finding their way back into the family. In other research, failed belongingness has been connected to members expressed thoughts about potentially doing harm to themselves. One possibility would be to develop a short set of screening questions that could be administered by a health professional. For example, because traumatization is under-recognized, patients with PTSD are not properly identified and are not offered education, counseling, or referrals for mental-health evaluation. As a result, some researchers developed a simple screening method to best identify patients who may have undetected PTSD. The tool is called the Primary Care PTSD Screen (Prins et al., 2004) which consists of four questions proceeded by the following introduction: In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you... 1) Have had nightmares about it or thought about it when you did not want to?; 2) Tried hard not to think about it or went out of your way to avoid

situations that reminded you of it?; 3) Were constantly on guard, watchful, or easily startled?; 4) Felt numb or detached from others, activities or your surroundings? The screen is positive if the patient answers yes to any three items. If a similar set of questions could be developed to identify those with family reintegration issues, these could be used screen for this hidden but important problem.

Suggestions for future research

Because we had so much difficulty recruiting participants for this study, we do not know what we didn't learn because of who would not talk to us. One of the concerns raised about reintegration in the literature was the possibility that the stress of reintegration might cause or otherwise increase family violence. None of the participants in this study reported problems with this issue. However, it seems likely that this would be such a sensitive topic and additionally that concerns about hurting the military members career would keep participants from coming forward to speak about this issue. In the military, because of the Lautenberg amendment, if a member is charged with domestic violence, they can no longer bear arms, and then that member has to be discharged. Hence, there are severe consequences on a Guard member's career when this kind of abuse comes to light. Even though in the State of Oregon, researchers and clinicians are not required to report spouse abuse, they are required to report child abuse. Although we took great pains to assure confidentiality for participants, the fact that interviews had to take place face-to-face may have been more than enough to discourage families from coming forward to be interviewed. Future research that could overcome these recruitment barrier or problems is needed.

As stated in the implications section, a very useful avenue for future research that could build upon the qualitative findings from this study would be the development of a set of valid and reliable questions that could be used to screen for problems fitting back in to the family. Research instruments for family readjustment post deployment have been developed by Blais, Thompson & McCreary (2009) and Sayers et al (2009). The Post Deployment Readjustment Scale measures readjustment within the work, family and personal domains. Six items were about positive family statements, six items were family negative statements. An example of a family positive statement is "I feel closer to my family," a negative statement is "I feel my family has difficulty understanding me." All of these items have been tested for reliability and validity and do seem to capture some of the aspects of not fitting back in. However, the language of the items does not seem to capture the way participants in this study talked about finding their way back in. Another study developed items that seemed a bit closer to how participants talked about the problems or working their way back into the family. Sayers et al. developed their own items (not tested for psychometric properties) to screen for problems with fitting back into the family. Role reintegration concerns were measured as yes/no questions as follows: 1) being 'unsure of the division of responsibilities in your family' 2) disagreements about the division of responsibilities in the family 3) children 'not acting warmly toward you' or acting 'afraid of you' (skipped for those without children) 4) feeling like a guest or outsider in your own home' – then subjects were asked to endorse the frequency of each problem or concern they endorsed. After this they were asked if the marital relationship was in trouble or successful overall. An avenue for further study would be to work with an expert in measurement to pilot and

test a set of items - perhaps using some of those already developed and tested and piloted in the literature in combination with items suggested by the qualitative data in this study. The goal of this would be to identify a small set of items that could be used for screening for this kind of distress in returning veterans.

Another possible avenue for future research would be to do a program evaluation of the current Family Readiness Program's reintegration education interventions. Many of the programs have already begun to try to address family reintegration problems. Effectiveness research is needed to determine which of the approaches that have been tried are working and what can be done to improve upon them. Participants in this study seemed to not be aware of some the Family Readiness Program resources and activities. A well-constructed program evaluation with interviews of key stakeholders could be very helpful in determining what needs to be done to reach more at risk veterans and their families.

X. Significance of Research to Military Nursing

Deployment is a constant in the life of today's military members. This is as true for the Guard as it is for active duty. Deployment health of military members, not only includes their readiness to deploy, but their ability to regain equilibrium once they return. Families are integrally involved with the reintegration process and often are the first to spot difficulties with acclimating to family life again. Nurses in both the Army and Air Guard play an important part in post deployment health management in setting up Post-Deployment Health Re-assessment stations and responding to concerns from members about their post deployment health status. In addition, many nurses on active duty are a key part of the primary care delivery system, and area where many members may go first with complaints that could be related to reintegration issues.

Military nurses need to able to screen and identify military members and families at risk of problematic reintegration. Currently DDForm 2900 the Post Deployment Health Re-assessment (PDHRA) data collection tool asks one question pertaining to family reintegration. The item is: "Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?" This item if answered in the affirmative should prompt further questioning from the provider conducting the interview. Although specific screening questions have yet to be developed, the following broad categories of problems can be looked for to alert the nurse to who might need appropriate education and or referral. The issues must be persistent and must cause significant distress or impairment in functioning. The nurse needs to assess for the presence of the following risk factors and suggest referral for appropriate counseling and education.

- Experiencing difficult symptoms – in addition to PTSD type symptoms, can include coexisting psychiatric or medical problems such as depression and chronic pain. Note that the current PDHRA asks about some symptoms – but remember that participants in this study and other studies have a strong tendency to minimize their symptoms and to under report these. Since you've come home, do you have a short fuse? Are you drinking more than you think you should?

- Using deployment coping – using ways of coping from the deployment without realizing it, not able to let go of these responses to stress. Could ask the member, does your family feel like you order them around? Do you feel a strong need to control every situation? Does it feel like nobody listens to you anymore? Do you get unnerved by large crowds, lots of noise or commotion?
- Role and relationship changes - such as changes that have occurred at home in their absence, children have grown, spouse became more independent. Do you feel like your children have changed so much that you don't know them anymore? Are things going wrong at home?
- Struggling with family conflict – primarily marital discord but can include conflict with children. Are you worried your spouse might ask you for a divorce? "Since you have come home, do you feel like you're not yourself anymore? Do your kids seem stand offish?
- Refusing to seek help – social support can be limited by the individual's willingness to accept help and inclination to isolate. Ask: has anyone in your family suggested you get help?
- Problems with relationship attachment – reports feelings of not fitting in any more; not in same place with the family, can't catch up or find way back in. Ask: "do you sometimes feel not needed anymore? Do you sometimes feel like you don't understand what is going on in your family? Do you sometimes feel like your family would be better off without you?

For veterans that express a lot of problems with the last criteria, also be alert to possible increased:

- Suicidal risk – due to positive association between failed belongingness from not finding their way back in.

XI. References

- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders: DSM-IV-TR, 4th ed. Washington, DC. American Psychiatric Association.
- Barker, L. H., & Berry, K. D. (2009). Developmental issues impacting military families with young children during single and multiple deployments. *Military Medicine*, 174(10), 1033-1040.
- Bazeley, P. (2007). Qualitative data analysis with NVivo. London: Sage.
- Beckham, J. C., Lytle, B. L., & Feldman, M. D. (1996). Caregiver burden in partners of Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 64, 1068–1072.
- Benotsch, E. G., Brailey, K., Vasterling, J. J., Uddo, M., Constans, J. I., & Sutker, P. B. (2000). War Zone Stress, Personal and Environmental Resources, and PTSD Symptoms in Gulf War Veterans: A Longitudinal Perspective. [Article]. *Journal of Abnormal Psychology*, 109, 205-213.
- Bey, D. R., & Lange, J. (1974). Waiting wives, women under stress. American Journal of Psychiatry, 131, 283-286.
- Black, D. W., Carney, C. P., Forman-Hoffman, V. L., Letuchy, E., Peloso, P., Woolson, R. F. et al. (2004). Depression in veterans of the first Gulf War and comparable military controls. *Annals of Clinical Psychiatry*. 16(2):53-6.
- Blais, A.R., Thompson, M.M., & McCreary, D.R. (2009). The Development and Validation of the Army Post-Deployment Reintegration Scale. *Military Psychology*, 21:365–386, 2009
- Blasure, K. R., & Arnold-Mann, J. (1992). Return and reunion: A psychoeducational program aboard U. S. Navy ships. *Family Relations*, 41, 178-185.
- Brady, K. T., Killeen, T. Saladin, M. E., Dansky, B. & Becker, S. (1994). Comorbid substance abuse and posttraumatic stress disorder: Characteristics of women in treatment. *American Journal of Addictions*, 3, 160-164.
- Bremner, J. D., Southwick, S. M., Darnell, A. & Charney, D. S. (1996). Chronic PTSD in Vietnam combat veterans: Course of illness and substance abuse. *American Journal of Psychiatry*, 153, 369-375.
- Brenner, L.A., Gutierrez, P.M., Cornette, M.M., Betthauser, L.M., Bahraini, N., Staves, P.J. (2008). A Qualitative Study of Potential Suicide Risk Factors in Returning Combat Veterans. *Journal of Mental Health Counseling*, 30(3): 211 – 225.
- Burton T. Farley D. Rhea A. Stress-induced somatization in spouses of deployed and nondeployed servicemen *Journal of the American Academy of Nurse Practitioners*. 21(6):332-9, 2009 Jun.
- Card, J. J. (1983). Lives after Vietnam: the personal impact of military service. Lexington, MA: Lexington Books.

- Charmaz, K. (2006). Constructing grounded theory: a practical guide through qualitative analysis. Thousand Oaks: Sage
- Cohler, B. (1982). Personal narrative and life course. In P. B. Baltes & O. G. Brin, Jr. (Eds.), *Life span development and behavior* (Vol 4, pp.205-241). New York: Academic Press.
- Cook, J. M., Riggs, D. S., Thompson, R., Coyne, J. C., & Sheikh, J. I. (2004). Posttraumatic Stress Disorder and Current Relationship Functioning Among World War II Ex-Prisoners of War. *Journal of Family Psychology*, 18(1), 36-45.
- Cozza, S. J., Chun, R. S., & Polo, J. A. (2005). Military families and children during operation Iraqi Freedom. *Psychiatric Quarterly*, 76(4), 371-378.
- Dansky, B. S. Byrne, C. A. & Brady, K. T. (1999). Intimate violence and post-traumatic stress disorder among individuals with cocaine dependence. *American Journal of Drug and Alcohol Abuse*, 25, 257-268.
- Davis, T. M. & Wood, P. S. (1999). Substance abuse and sexual trauma in a female veteran population. *Journal of substance Abuse Treatment*, 16, 123-127.
- Doyle ME. & Peterson KA.(2005). Re-entry and reintegration: returning home after combat. *Psychiatric Quarterly*. 76(4):361-70, 2005.
- Eaton KM. Hoge CW. Messer SC. Whitt AA. Cabrera OA. McGurk D. Cox A. Castro CA. Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine*. 173(11):1051-6, 2008 Nov.
- Evans, L., McHugh, T., Hopwood, M., & Watt, C. (2003). Chronic posttraumatic stress disorder and family functioning of Vietnam veterans and their partners. *Australian and New Zealand Journal of Psychiatry*, 37(6), 765-772.
- Faber, A. J., Willerton, E., Clymer, S. R., MacDermid, S. M., & Weiss, H. M. (2008). Ambiguous absence, ambiguous presence: a qualitative study of military reserve families in wartime. *Journal of Family Psychology*, 22(2), 222-230.
- Fiedler, N., Ozakinci, G., Hallman, W., Wartenberg, D., Brewer, N. T., Barrett, D. H., et al. (2006). Military deployment to the Gulf War as a risk factor for psychiatric illness among US troops. *British Journal of Psychiatry*, 188(5), 453-459.
- Figley, C. R. (Ed.). (1978). Stress disorders among Vietnam veterans: Theory, research and treatment. New York: Brunner/Mazel.
- Fonseca, C. A., Schmalong, K. B., Stoever, C., Gutierrez, C., Blume, A. W., & Russell, M. L. (2006). Variables Associated with Intimate Partner Violence in a Deploying Military Sample. *Military Medicine*, 171(7), 627-631.
- Gambardella LC. Role-exit theory and marital discord following extended military deployment. *Perspectives in Psychiatric Care*. 44(3):169-74, 2008 Jul.
- Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *JAMA: Journal of the American Medical Association*, 298(5), 528-535.

- Glisson, C. A., Melton, S. C., & Roggow, L. (1980). The effect of separation on marital satisfaction, depression, and self-esteem. *Journal of Social Service Research*, 4, 61-76.
- Goff BS. Crow JR. Reisbig AM. Hamilton S. The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology*. 21(3):344-53, 2007 Sep.
- Goff, B. S., Crow, J. R., Reisbig, A. M., & Hamilton, S. (2007). The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology*, 21(3), 344-353.
- Gold, J. I., Taft, C. T., Keehn, M. G., King, D. W., King, L. A., & Samper, R. E. (2007). PTSD symptom severity and family adjustment among female Vietnam veterans. *Military Psychology*, 19(2), 71-81.
- Gordon, S., Ungerleider, A., & Smith, G. L. (Eds.). (2010). 2010 uniformed services almanac (42nd ed.). Falls Church, VA: Uniformed Services Alamanac.
- Gray, M. J., Bolton, E. E., & Litz, B. T. (2004). A Longitudinal Analysis of PTSD Symptom Course: Delayed-Onset PTSD in Somalia Peacekeepers. *Journal of Consulting and Clinical Psychology*, 72(5), 909-913.
- Haas DM. Pazdernik LA. Olsen CH. A cross-sectional survey of the relationship between partner deployment and stress in pregnancy during wartime.
- Haas DM. Pazdernik LA. Partner deployment and stress in pregnant women. *Journal of Reproductive Medicine*. 52(10):901-6, 2007 Oct.
- Hill, R. (1949). Families under stress: Adjustment to the crisis of war separation and reunion. New York: Harper and Brothers.
- Hillenbrand, E. D. (1976). Father absence in military families. *Family Coordinator*, 25, 451-458.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44, 513-524.
- Hogancamp, V. E., & Figley, C. R. (1983). War: Bringing the battle home. In C. R. Figley & H. I. McCubbin (Eds.), Stress and the family Volume II: Coping with catastrophe (pp. 148-165). New York: Brunner/Mazel.
- Hoge CW, Castro CA, Messer SC, et al. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*; 351:13-22.
- Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA: Journal of the American Medical Association*, 295(9), 1023-1032.
- Hoge, C. W., Terhakopian, A., Castro, C. A., Messer, S. C., & Engel, C. C. (2007). Association of posttraumatic stress disorder with somatic symptoms, health care

- visits, and absenteeism among Iraq War veterans. *American Journal of Psychiatry*, 164(1), 150-153.
- Hotopf, M., Hull, L., Fear, N. T., Browne, T., Horn, O., Iversen, A., et al. (2006). The health of UK military personnel who deployed to the 2003 Iraq war: A cohort study. *Lancet*, 367(9524), 1731-1741.
- Jensen, P. S., Martin, D., & Watanabe, H. (1996). Children's response to parental separation during operation desert storm. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(4), 433-441.
- Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., & Weiss, D. S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 61, 916-926.
- Kelley, M. L. (1994). The effects of military-induced separation on family factors and child behavior. *American Journal of Orthopsychiatry*, 64(1), 103-111.
- Kessler, R. C. (2000). Posttraumatic stress disorder: The burden to the individual and to society. *Journal of Clinical Psychiatry*, 61(Suppl.5), 4-12.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.
- Knapp, t. S., & Newman, S. J. (1993). Variables related to the psychological well-being of Army wives during the stress of an extended military separation. *Military Medicine*, 158, 77-80.
- Kofoed, L. Friedman, M. J., & Peck, R. (1993). Alcoholism and drug abuse in inpatients with PTSD. *Psychiatric Quarterly*, 64, 151-171.
- Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel.
- Langeland, W. & Hartgers, C. (1998). Child sexual and physical abuse and alcoholism: A review. *Journal of Studies on Alcohol*, 59, 336-348.
- Lapp, C. A., Taft, L. B., Tollefson, T., Hoepner, A., Moore, K., & Divyak, K. (2010). Stress and coping on the home front: guard and reserve spouses searching for a new normal. *Journal of Family Nursing*, 16(1), 45-67.
- LeCompte, M. D., & Goetz, J. P. (1982). Problems of reliability and validity in ethnographic research. *Review of Educational Research*, 52, 31-60.

- Lincoln A. Swift E. Shorteno-Fraser M. Psychological adjustment and treatment of children and families with parents deployed in military combat. *Journal of Clinical Psychology*. 64(8):984-92, 2008 Aug
- Mangelsdorff, D. A., & Moses, G. R. (1993). A survey of Army medical department reserve personnel mobilized in support of Operation Desert Strom. *Military Medicine*, 158, 254-258.
- Manguno-Mire, G., Sautter, F., Lyons, J., Myers, L., Perry, D., Sherman, M., et al. (2007). Psychological Distress and Burden Among Female Partners of Combat Veterans With PTSD. *Journal of Nervous and Mental Disease*, 195(2), 144-151.
- Mansfield AJ, Kaufman JS, Marshall SW, et al. *N Engl J Med* 2010; 362:101-109
Positive and negative consequences of a military deployment.
- McCarroll, J. E., Ursano, R. J., Newby, J. H., Liu, X., Fullerton, C. S., Norwood, A. E., et al. (2003). Domestic violence and deployment in US Army soldiers. *Journal of Nervous and Mental Disease*, 191(1), 3-9.
- McCubbin, H. I., Cauble, E. A., & Patterson, J. M. (Eds.). (1982). *Family stress, coping, and social support*. Springfield, IL: Charles C. Thomas.
- McCubbin, H. I., Dahl, B. B., Lester, G. R., & Ross, B. A. (1975). The returned prisoner of war: Factors in family reintegration. *Journal of Marriage and the Family*, 37, 471-478.
- McCubbin, H. I., Dahl, B. B., Lester, G. R., Benson, D., & Robertson, M. L. (1976). Coping repertoires of families adapting to prolonged war-induced separations. *Journal of Marriage and the Family*, 38, 461-471.
- McCubbin, H.I., & Patterson, J. M. (1983). The family stress process: The double ABCX model of adjustment and adaptation. *Marriage and Family Review*, 6(7), 7-37
- McLeland KC. Sutton GW. Schumm WR. (2008). Marital satisfaction before and after deployments associated with the Global War on Terror. *Psychological Reports*. 103(3):836-44, X Dec.
- McLeland, K. C., Sutton, G. W., & Schumm, W. R. (2008). Marital satisfaction before and after deployments associated with the Global War on Terror. *Psychological Reports*, 103(3), 836-844.
- Messecar, D. & Kendall, J. (1998). Guard and Reserve Spouse Stress During the Persian Gulf War Separation. *Journal of Family Nursing*, 3, 303-333.
- Najavits LM. Weiss RD. Shaw SR. & Muenz LR. (1998). "Seeking safety": outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*. 11(3):437-56.
- Nelson, J. & Hagedorn, M. E. (1997). Federal Nursing Service Award. Rhythms of War: activation experiences during the Persian Gulf War. *Military Medicine*. 162(4):233-9.
- Newby JH. McCarroll JE. Ursano RJ. Fan Z. Shigemura J. Tucker-Harris Y. Military Medicine. 170(10):815-9, 2005 Oct.

- Newby, J. H., Ursano, R. J., McCarroll, J. E., Liu, X., Fullerton, C. S., & Norwood, A. E. (2005). Postdeployment Domestic Violence by U.S. Army Soldiers. *Military Medicine*, 170(8), 643-647.
- Nice, D. S. (1981). The course of depressive affect in Navy wives during family separation. *Military Medicine*, 148, 341-343.
- Nice, D. S., Hilton, S., & Malone, T. A. (1994). Perceptions of U. S. Navy Medical Reservists recalled for Operation Desert Storm. *Military Medicine*, 159, 64-67.
- Nice, D. S., McDonal, B., & McMillian, T. (1981). The families of U. S. Navy prisoners of war from Vietnam five years after reunion. *Journal of Marriage and Family*, 43, 431-437.
- NVivo qualitative data analysis software; QSR International Pty Ltd. Version 8, 2008.
- Orcutt, H. K., King, L. A., & King, D. W. (2003). Male-perpetrated violence among Vietnam veteran couples: relationships with veteran's early life characteristics, trauma history, and PTSD symptomatology. *Journal of Traumatic Stress*. 16(4):381-90.
- Ouimette PC. Ahrens C. Moos RH. Finney JW. (1998). During treatment changes in substance abuse patients with posttraumatic stress disorder. The influence of specific interventions and program environments. *Journal of Substance Abuse Treatment*. 15(6):555-64, 1998 Nov-Dec.
- Ouimette PC. Finney JW. Gima K. Moos RH. (1999). A comparative evaluation of substance abuse treatment III. Examining mechanisms underlying patient-treatment matching hypotheses for 12-step and cognitive-behavioral treatments for substance abuse. *Alcoholism: Clinical & Experimental Research*. 23(3):545-51.
- Pavalko, E. K., & Elder, G. H. (1990). World War II and divorce: a life-course perspective. *American Journal of Sociology*, 95, 1213-1234.
- Pehrson, K. L., & Thornley, N. (1993). Helping the helpers: Family support for social workers mobilized during Desert Storm/Shield. *Military Medicine*, 158, 441-445.
- Pittman, J.F. Kerpelman, J.L., McFadyen, J.M. (2004). Internal and External Adaptation in Army Families: Lessons from Operations Desert Shield and Desert Storm. *Family Relations*, 53, 249–260.
- Prins A, Ouimette PC, Kimerling R, Cameron RP, Hugelshofer DS, Shaw-Hegwer J, Thraikill A, Gusman FD, Sheikh JI. (2004). The Primary Care PTSD Screen (PC-PTSD): development and operating characteristics. *Primary Care Psychiatry* 2004.
- Renshaw, K. D., Rodrigues, C. S., & Jones, D. H. (2008). Psychological symptoms and marital satisfaction in spouses of Operation Iraqi Freedom veterans: relationships with spouses' perceptions of veterans' experiences and symptoms. *Journal of Family Psychology*, 22(4), 586-594.

- Rentz, E. D., Marshall, S. W., Loomis, D., Casteel, C., Martin, S. L., & Gibbs, D. A. (2007). Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families. *American Journal of Epidemiology*, 165(10), 1199-1206.
- Riggs, D. S. (2000). Marital and family therapy. In E. B. Foa, T. M. Keane, & M. J. Friedman (Eds.), *Effective treatments for PTSD* (pp. 280–301). New York: Guilford.
- Rosen, L. N., Teitelbaum, J. M., & Westhuis, D. J. (1993). Children's reactions to the Desert Storm deployment: Initial findings from a survey of Army families. *Military Medicine*, 158, 465-469.
- Rosen, L. N., Westhuis, D. J., & Teitelbaum, J. M. (1994). Patterns of adaptation among Army wives during Operation Desert Shield and Desert Storm. *Military Medicine*, 159, 43-47.
- Ryan-Wenger, N. M. (1992). Physical and psychosocial impact of activation and deactivation of Army reserve nurses. *Military Medicine*, 157, 447-452.
- Samper, R. E., Taft, C. T., King, D. W., & King, L. A. (2004). Posttraumatic stress disorder symptoms and parenting satisfaction among a national sample of male Vietnam veterans. *Journal of Traumatic Stress*, 17(4), 311-315.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8, 27-37.
- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Science*, 16, 1-8.
- Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70(2), 163-170.
- South, S. J. (1985). Economic conditions and the divorce rate: a time-series analysis of the post-war United States. *Journal of Marriage and the Family*, 47, 31-41.
- Spoont, M.R., Sayer, N, Friedemann-Sanchez, G., Parker, L.E., Murdoch, M., Chiros, C. (2009). From Trauma to PTSD: Beliefs About Sensations, Symptoms, and Mental Illness. *Qualitative Health Research*, 19(10): 1456–1465.
- Stewart, S. H., (1996). Alcohol abuse in individuals exposed to trauma: A critical review. *Psychological Bulletin*, 120, 83-112.
- Strauss; A.L., Corbin, J. (1990): *Basics of Qualitative Research Grounded Theory Procedures and Techniques* Newbury Park: Sage.
- Taft CT. Schumm JA. Panuzio J. Proctor SP. An examination of family adjustment among Operation Desert Storm veterans. *Journal of Consulting & Clinical Psychology*. 76(4):648-56, 2008 Aug.
- Taft, C. T., Pless, A. P., Stalans, L. J., Koenen, K. C., King, L. A., & King, D. W. (2005). Risk Factors for Partner Violence Among a National Sample of Combat Veterans. *Journal of Consulting and Clinical Psychology*, 73(1), 151-159.

- Toomey, R., Kang, H. K., Karlinsky, J., Baker, D. G., Vasterling, J. J., Alpern, R., et al. (2007). Mental health of US Gulf War veterans 10 years after the war. *British Journal of Psychiatry*, 190, 385-393.
- Triffleman, E. (1998). An overview of trauma exposure, posttraumatic stress disorder, and addictions. In H.R. Kranzler & B. J. Rounsville, (Eds.), *Dual Diagnosis and Treatment: Substance Abuse and Comorbid Medical and Psychiatric Disorders* (pp. 263-316). New York: Marcel Dekker.
- U. S. Bureau of the Census. (2008). *Statistical Abstract of the United States: 2008*. Washington, DC: Author.
- Vogt, D. S., Samper, R. E., King, D. W., King, L. A., & Martin, J. A. (2008). Deployment stressors and posttraumatic stress symptomatology: Comparing active duty and national guard/reserve personnel from Gulf war I. *Journal of Traumatic Stress*, 21(1), 66-74.
- Wynd, C. A., & Dziedicki, R. E. (1992). Heightened anxiety in Army reserve nurses anticipating mobilization during Operation Desert Strom. *Military Medicine*, 157, 630-634.

XII. Outcomes Resulting From Study:

Publications:

Manuscripts published with full citations using APA format. For books, include editor(s) and publisher. (All publications should recognize the funding source as the TriService Nursing Research Program.)

Planning submission of article to Journal of Family Nursing after final report has been accepted and approved.

Abstracts or Other Material:

Submitted for publication by author(s), title, society, place of meeting, and date.

See below.

Presentations:

National, international, local societies, military meetings, etc. Use asterisk (*) if presentation produced a manuscript.

- 2010 Thinking Qualitatively, Annual Meeting, Edmonton, AB; June 22, Poster presentation, *Analyzing Data from Multiple Interview Types*.
- 2010 Qualitative Health Research, Annual Meeting, Vancouver, BC; October 6, Podium presentation, *Family Reintegration Following Guard Deployment*
- 2010 Qualitative Health Research, Annual Meeting, Vancouver, BC; October 5, Poster presentation, *Family Reintegration Following Guard Deployment*.
- 2010 Thinking Qualitatively and Methods, Annual Meeting, Edmonton, AB; October 9, Poster presentation, *Analyzing Data from Multiple Interview Types*.
- 2010 American Military Surgeons of the United States, Annual Meeting, Phoenix, AZ November 2, Poster presentation, *Family Reintegration Following Guard Deployment*
- 2010 American Public Health Association, Annual Meeting, Denver, CO; November 9, Podium presentation, *Family Reintegration Following Guard Deployment*

Seminars, Invited Lectures, Workshops, Invited Chapter:

Messecar, D.C., and Chorpennings, L., Families in War and Disaster (2010). In: Hanson, S. M.; Gedaly-Duff, V. & Kaakinen, J. R. (in press) Family Health Care Nursing (4th ed.).. Philadelphia: F.A.Davis.

Patents, Licenses, etc. – N/A

Changes in Practice:

The Oregon Guard Family Support Program has been trying to include at least yearly events to help couples build their relationship skills. These are advertised through the family support program. In addition, they have been trying to get the word out about counseling resources for Guard members and families.

Changes in Policy:

The findings of the study will be shared with the Oregon Military Department through my links with the National Guard Association of the United States.

Press Coverage:

None so far.

APPENDIX A - Final Budget Report

CATEGORY	ORIGINAL AWARD	REALLOCATIONS	EXPENDED AT END OF STUDY	REMAINING AMOUNT
Personnel	\$134,224		\$138,950.72	-4,726.72
Consultant	0		0	
Equipment	0		0	
Supplies	\$4,300		\$9,852.76	-5,552.76
Travel	\$2,700		\$7,429.95	-4729.95
Patient Care Costs	0			
Other Expenses	\$16,780		0	+16,780
TOTAL	\$158,042		\$156,233.43	+1770.57

Discussion:

Significant extra costs were incurred in the travel and personnel categories due to the difficulties encountered in the study in terms of recruiting participants, and then primarily using individual and couple interviews instead of the focus group method originally proposed for this study. In order to persuade families and veterans to participate in the study, the convenience and the privacy afforded by separate rather than group interviews had to be used as a strategy to get additional data. The other expenses originally budgeted are now included in the personnel, travel, and supplies categories.

APPENDIX B - Problems Encountered, Resolutions

The two key problems encountered with this study were with obtaining initial IRB approval (this process took two years) and then later with study recruitment. The IRB problems were not anticipated based on past experience with funding from TSNRP in 1992 and in 1998. On both of those occasions, primary IRB approval was obtained by the principal investigator from Oregon Health & Science University and this approval was then forwarded to the Uniformed Health Sciences University IRB.

However, for this study, the TSNRP director felt that we should have a military IRB review the study prior to UHUHS. The timeline for the difficulties encountered with obtaining this review are outlined below. The basic difficulty was that all of the military IRBs the principal investigator contacted refused to review the study because the potential participants were not eligible for services in the institutions that those military IRBs served. In this study, participants would be Guard members, and they were not eligible for services at either Madigan Army Medical Center or Wilford Hall Medical Center unless they were activated. The National Guard had no IRB for reviewing studies at the time that we were trying to begin this research. Eventually this problem was resolved as described in the timeline below.

Table 3 Timeline for IRB Approval

Timeline for IRB Difficulties
<ul style="list-style-type: none">July 2005: The plan in the proposal called for using WILFORD HALL MEDICAL CENTER (WHMC) IRB. In July 2005, WHMC IRB was contacted. However, because it was anticipated that most of the participants would be in the Army National Guard, WHMC IRB felt it would be more appropriate to have the regional review accomplished by an Army IRB.
<ul style="list-style-type: none">July 2005: Dr. Lonfield at BROOKE ARMY MEDICAL CENTER (BAMC) was contacted and she consulted with COL Michael Lamiell, the Army's Clinical Investigations consultant regarding the appropriateness of BAMC acting as the regional IRB for this study. They suggested I use the Uniformed Services University (USUHS) for the IRB review and gave me Dr. Richard Levine's number and email address.
<ul style="list-style-type: none">August 3, 2006: Obtained IRB approval from OHSU IRB as this is required by my employment at the University.
<ul style="list-style-type: none">August 2005: At this point, the TSNRP staff were arranging travel for the Grant Management Workshop, and one of the nurse analyst there consulted with TSNRP director regarding this IRB advice. Given that the conference was close at hand, we decided that the best course of action was to wait until a face-to-face meeting with the TSNRP staff could be conducted at the orientation. The orientation was very helpful. From the information at this meeting, it became apparent that several actions needed to precede the USUHS IRB review (submission of a change in protocol to TSNRP) and recruitment of a regional IRB review.
<ul style="list-style-type: none">September 2005: Following the conference in September 2005, hurricane Katrina necessitated putting work on the project on hold. As a senior member of the ORNG

command staff, I was put on annual training orders and participated with the mobilization and deployment of over 1500 Army and Air National Guard personnel to Naval Air Station New Orleans.
<ul style="list-style-type: none">● October 2005: Following Katrina in October 2005, communication with the MADIGAN ARMY MEDICAL CENTER (MAMC) was initiated to request that this facility IRB act as this project's regional IRB. The staff from MAMC's IRB consulted with Ms. Christina Jones, MAMC's Clinical Studies Specialist at the Clinical Investigation Regulatory Office, Fort Sam Houston, TX, asking if MAMC's IRB has authority to review this research protocol. Ms. Jones' reply: "Per DoD's MPA, the Madigan IRB can only handle research done at Western Regional Medical Command facilities. If those guard units are not attached to any of the four facilities listed under WRMC, then you cannot get involved. I have been under the impression that all TriService Nursing funded research goes through the USUHS IRB because they are somehow connected, either as first level or as second level. It would seem that, based on current DoD Assurances, USUHS would be considered your military IRB of record."
<ul style="list-style-type: none">● November 2005: At this point, I contacted Dr. Schmelz at WHMC Human Subject Protection and IRB office. To help expedite review at the USUHS IRB, he graciously agreed to help by offering to have WHMC IRB act as my regional IRB. This would have allowed USUHS IRB to act as secondary reviewer.
<ul style="list-style-type: none">● November 2005: Memos for no cost extension, change in scope, change in personnel was submitted via mail to TSNRP. I was awaiting approval from TSNRP as directed in our orientation conference before submitting to WHMC.
<ul style="list-style-type: none">● December 2005: Answered questions on budget changes, however, other changes still in review.
<ul style="list-style-type: none">● February 2006: Concerns were identified by the TSNRP review about the qualifications of the TBH study coordinator and research assistant. I had to identify candidates for these two positions. The first study coordinator I approached put me off for approximately 8 weeks so I had to find another possibility.
<ul style="list-style-type: none">● April 2006: I finally found two possible candidates for the study coordinator and the research associate and emailed their Vitaes to TSNRP. By this time, when I called WHMC – Dr. Schmelz had retired. I spoke with a Major Roy Estrada who thought I might be able to have his office send my materials to the SG office and get the needed military IRB approval.
<ul style="list-style-type: none">● May 2006: All of the OHSU approved study material was forwarded to Major Estrada at WHMC.
<ul style="list-style-type: none">● June 2006: I had not heard back from Major Estrada so called and spoke to him again about my study. He agreed to send it forward for review.
<ul style="list-style-type: none">● July 2006: Called Major Estrada again and left a message. I have not heard anything back from the two emails I sent him with all of my approved study documents. No phone calls or emails were returned.
<ul style="list-style-type: none">● August 2006: contacted TSNRP in frustration with lack of help from Major Estrada. My program officer Pamela Moses said she would speak with the program director about what to do. Unfortunately, this time frame overlapped with the conference they hold for newly funded studies, and staff leave for summer vacation. Did not hear back from my program officer until September.

- **September 2006:** I was given a new contact at Wilford Hall to work with, a LTC Marla DeJong at the 59 CRES/MSR. She helped me finally make contact with the AF Surgeon General's Human and Animal Research Panel (SGHARP) Program Coordinator Jessica Candia. I also met with the ORNG Air Guard leadership to obtain a new support letter from the new Adjutant General as the prior TAG (Brigadier General Bryne) had moved on to another assignment. My Air Guard leadership recommended before I meet with Major General Rees, that I obtain a letter of support for the project from Dr. Robertson to assure the General that the study meets all of the requirements for research with military personnel and that the study would be of high quality.
- **October 27, 2006:** SGHARP completed their review. Here are the points they wanted resolved:

Following are SGHARP's requirements for this protocol:

1. *This protocol will be forwarded by our office to the National Guard's Air Surgeon, Col William Riggins, to ensure all his National Guard unique concerns are met prior to SGHARP issuing a final determination.*
2. *Please forward to our office a copy of the JAG opinion that stated the \$20 gift certificate is acceptable in light of strict DoD rules regarding payment of military subjects with DoD funds. (done Nov 06)*
3. *There are concerns regarding language in the second paragraph of the recruitment letter approved 17 Aug 06: this paragraph may not accurately characterize the situation, and it may affect answers you are given by subjects. Please either delete this paragraph or revise it. (done Nov 06)*

Please forward your response to #2 and #3 above to my attention

- **November 2006:** Replied to SGHARPs requirements, letter obtained from Dr. Dorsa about study reassurances. I have an appointment scheduled with the Adjutant General on January 10th to brief the General on the project and obtain his support (this is not required by the IRB review per se – but I know may be an issue for the National Guard leadership – so is important to do).
- **November 22, 2006:** Obtained JAG's opinion, and forwarded to SCHARP. Sent the revised and approved letter.
- **November 28, 2006:** I emailed Jessica Candia to see if the memo from the JAG was adequate and left a message for my program officer at TSNRP to see if my IRB approval can proceed at USUHS.
- **December 1, 2006:** Received approval notification from SGHARP via email. Contacted TSNRP.
- **December 5, 2006:** Sent the materials requested by Pamela Moses in her email via email to TSNRP.
- **December 7, 2006:** Pamela Moses let me know that any advertisements or materials that would be seen by outside parties needed to have the TSNRP disclaimer "This research is sponsored by the Triservice Nursing Research Program, Uniformed Services University of the Health Sciences; however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred by, the Triservice Nursing Research

Program, The Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government." This was submitted as a protocol change to the OHSU IRB and the revised documents were forwarded via email on this date.
• December 12, 2006: Received notification from Pamela Moses that she needed the original approval memo from OHSU IRB via telephone message. I had sent with the other materials but it was saved as a html file and could not be open by TSNRP. I did not retrieve message as I was going out of the country. She emailed me later in week and I was able to respond to request remotely sometime after December 15, 2006.
• Week of December 18, 2006 Saved memo as a word document and forwarded to TSNRP. Pamela replied that she received my memo. But was concerned that the SGHARP review would not be sufficient for the USHUHS IRB. She was checking with a Col Murray.
• January 18, 2007: Received email from Pamela Moses that Col Murray said that the AF SGHARP could do the military IRB review.
• Week of January 22, 2007: Pamela Moses requested that I create a separate memo for the SGHARP approval I received on December 1, 2007.
• February 1, 2007: A word document was created that separated out the email message that indicated that the SGHARP office had approved my protocol.
• Febrary 5, 2007: Received request from Pamela Moses to send CVs and proof of Human Investigator training to TSNRP to accompany IRB materials.
• February 7, 2007: Erika Murchison in Office of Research Development forwarded the requested CVs and Human Subjects training certificates.
• March 27, 2007: Contacted Pamela Moses at TSNRP. She indicated that they are having IRB issues with the UHUHS review board that the new director is trying to resolve. Received an email confirming this fact.
• April 2007: Notification received from Pamela Moses that UHUHS IRB approval was received.

The biggest problem encountered with this study after obtaining permission from the IRB was resolved, was recruitment. The initial strategies employed did not attract any volunteers for the study. Advertising through the Oregonian, and the Oregon Guard monthly publication title the Sentinel did not result in any call or contacts to volunteer for participation. Participants were recruited through painstaking personal solicitation of a number of contacts within the Guard and eventually from information from our website. Table x presents some of the strategies that we used to recruit participants. This strategy required considerable within state travel by the principal investigator.

Table 4 Recruitment Contacts with Revised Recruiting Plan

DATE	Recruitment Contacts	Present/contacted	Estimate of Number Reached
1/26/08	Portland Air Base – Attending	20 family support group	20

DATE	Recruitment Contacts	Present/contacted	Estimate of Number Reached
	family support training	volunteers	
2/5/08	Advertisement in Oregonian	375,914 circulation	375,914
2/13/08	Lebanon Armory – Welcome home event	50 family members and veterans - presented	50
2/21/08	Corvallis ROTC center	Spoke with staff	3
3/1/08	Oregon Sentinel Add	Tsgt Nick Choy	3,000
3/11/08	Corvallis Vet Center	Spoke with staff	3
4/8/08	Mass Mailing to VFW, American Legion chapters in state of Oregon as well as counselors in state	100+ letters mailed	100
4/12/08	Lebanon – Family Day	50 family members and veterans	50
4/18/08	Salem – Andersen Readiness Center	Spoke with leadership NGUAS board 18 members	18
4/19/08	Salem – Military Center	Spoke with public affairs	1
4/23/ 08	Reintegration summit	100+ members	100
5/4/08	Family support group Portland Air Base	20 family support group volunteers	20
6/22/08	Advertisement Oregon Sentinel	12,500 thousand	12,500
8/21/08	Salem – Andersen Readiness Center	Spoke with leadership NGUAS board 18 members	18
9/8/08	NGAUS meeting	ORNG leadership -20 members	20
Total 2008			388,820
1/15/09	Salem - Andersen Readiness Center	Spoke with leadership NGUAS board 18 members	18
2/6/09	Roseburg Vet Center	Spoke with staff	2
2/13/09	Salem - Andersen Readiness Center	Spoke with leadership NGUAS board 18	18

DATE	Recruitment Contacts	Present/contacted	Estimate of Number Reached
		members	
3/19/09	Salem - reintegration summit	100+ members	100
4/16/09	Salem - Andersen Readiness Center	Spoke with Reintegration task force 100 members	100
5/14/09	Salem - Andersen Readiness Center	Spoke with leadership NGUAS board 18 members	18
8/20/09	Salem - Andersen Readiness Center	Spoke with leadership NGUAS board 18 members	18
10/15/09	Salem Reintegration summit	100+ members	100
11/04/09	Eugene – family conference	Table as vendor – 325 participants	325
Total 2009			699
Grand Total			389,519

APPENDIX C - Psychometric Report N/A

APPENDIX D - Research Categorization Using TSNRP Areas of Research

Identify the main research priority investigated in this research study.

Please check one item for Primary (Required) and one item for Secondary Priority Areas (if appropriate)

Primary Research Priority Area: (Required)

Military Deployment Health

Translating Knowledge & Research Findings into Practice in a Military Context

Evidence Based Practice

Recruitment & Retention of the Military Nursing Workforce

Developing & Sustaining Military Nursing Competencies

Secondary Research Priority Area:

Military Deployment Health

Translating Knowledge & Research Findings into Practice in a Military

Evidence Based Practice

Recruitment & Retention of the Military Nursing Workforce

Developing & Sustaining Military Nursing Competencies

Other (*fill in*) _____

Identify 3-5 key words relating to the proposal. (Required) I used MESH Headings instead of the CRISP Thesaurus for key words. The thesaurus is no longer on the web at: http://crisp.cit.nih.gov/crisp/crisp_help.help

1. Family Family/px

2. Deployment Health

3. Military Personnel

4.

5.

APPENDIX E – Publications in Press

Publications in Press. These are submitted publications awaiting publication. Provide a copy of each in press publication and all PAO clearance information.

Do you have any articles or presentations ‘in press’ yes no

If yes, provide copies and all PAO clearance information. All citations listed must be in APA format.

2010 Qualitative Health Research, Annual Meeting, Vancouver, BC; October 5,
Poster presentation, *Family Reintegration Following Guard Deployment*.

Family Reintegration Following Guard Deployment (Poster)

Messecar Deborah

Oregon Health & Science University

The purpose of this qualitative study was to describe veterans and families perceptions of their experience with family reintegration and the challenges reintegration presents among Guard members deployed since the start of the Afghanistan and Iraq conflicts. Participants included both National Guard members, and or family members of guardsmen deployed since 2001. A total of 45 participants, 26 Guard members, and 19 family members participated in focus group, couple, and individual interviews . NVIVO 8 was used to analyze the interview data. Charmaz (2006) approach to coding data was used to organize and categorize the findings. Several skills that members develop while deployed, later interfere with their ability to resume family life when they return home. These skills included: seeking safety, getting things done in a hurry, expecting unilateral decision making, ensuring predictability in the environment, and stuffing emotions in order to get the job done. The objectives in this presentation are to describe the challenges families face with reintegration as a result of the conditioning that occurs during deployment due to the stressful environment. Implications are that individuals returning from deployment are often still experiencing the stressful effects of deployment and this can interfere with family life. Suggestions for strategies to screen for these kinds of problems will be provided.

This research is sponsored by the Triservice Nursing Research Program, Uniformed Services University of the Health Sciences; however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred by, the Triservice Nursing Research Program, The Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

2010 Qualitative Health Research, Annual Meeting, Vancouver, BC; October 6,
Podium presentation, *Family Reintegration Following Guard Deployment*

Family Reintegration Following Guard Deployment

Deborah Messecar

OHSU

The purpose of this qualitative study was to describe veterans and families' perceptions of their experience with family reintegration and the challenges reintegration presents among Guard members deployed since the start of the Afghanistan and Iraq conflicts. Participants included both National Guard members, and/or family members of guardsmen deployed since 2001. A total of 45 participants, 26 Guard members, and 19 family members participated in focus group, couple, and individual interviews. NVIVO 8 was used to analyze the interview data. Charmaz (2006) approach to coding data was used to organize and categorize the findings. Several skills that members develop while deployed, later interfere with their ability to resume family life when they return home. These skills included: seeking safety, getting things done in a hurry, expecting unilateral decision making, ensuring predictability in the environment, and stuffing emotions in order to get the job done. The objectives in this presentation are to describe the challenges families face with reintegration as a result of the conditioning that occurs during deployment due to the stressful environment. Implications are that individuals returning from deployment are often still experiencing the stressful effects of deployment and this can interfere with family life. Suggestions for strategies to screen for these kinds of problems will be provided.

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2010 Thinking Qualitatively and Methods, Annual Meeting, Edmonton, AB; October 9,
Poster presentation, *Analyzing Data from Multiple Interview Types*

Analyzing Interview Data from Multiple Interview Types: Focus Group/Individual/Couple
Deborah Messecar

Oregon Health & Science University

The purpose of this qualitative study was to describe veterans and families' perceptions of their experience with family reintegration and the challenges reintegration presents among Guard members deployed since the start of the Afghanistan and Iraq conflicts. Methods: Participants included both National Guard members, and/or family members of guardsmen deployed since 2001. Data from focus group, couple, and individual interviews were used to address the aims of the study. All interviews were conducted face-to-face and lasted on average 90 minutes per session. Data have been collected from a total of 45 participants, 26 Guard members, and 19 family members. NVIVO 8 was used to analyze the interview data. Charmaz (2006) approach to coding data was used to organize and categorize the findings. Results: Preliminary findings suggest that there are several skills that members develop while deployed, that then interfere with their ability to resume family life when they return home. These skills included: seeking safety, getting things done in a hurry, expecting unilateral decision making, ensuring predictability in the environment, and stuffing emotions in order to get the job done. The objectives in this presentation are to describe the challenges the researcher faced in trying to analyze data from different interview types to describe how families face reintegration. Several strategies using NVIVO 8 will be presented in the poster for organizing and analyzing data. This research is sponsored by the Triservice Nursing Research Program, Uniformed Services University of the Health Sciences; however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred by, the Triservice Nursing Research Program, The Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

2010 American Military Surgeons of the United States, Annual Meeting, Phoenix, AZ
November 2, Poster presentation, *Family Reintegration Following Guard Deployment*.

2010 Karen A. Rieder Research/Federal Nursing Poster Session

Abstract: Reintegration Following Guard Deployment (Poster)

The purpose of this qualitative study was to describe veterans and families perceptions of their experience with family reintegration and the challenges reintegration presents among Guard members deployed since the start of the Afghanistan and Iraq conflicts. Participants included both National Guard members, and or family members of guardsmen deployed since 2001. A total of 45 participants, 26 Guard members, and 19 family members participated in focus group, couple, and individual interviews . NVIVO 8 was used to analyze the interview data. Charmaz' (2006) approach to coding data was used to organize and categorize the findings. Several skills that members develop while deployed, later interfere with their ability to resume family life when they return home. These skills included: seeking safety, getting things done in a hurry, expecting unilateral decision making, ensuring predictability in the environment, and stuffing emotions in order to get the job done. The objectives in this presentation are to describe the challenges families face with reintegration as a result of the conditioning that occurs during deployment due to the stressful environment. Implications are that individuals returning from deployment are often still experiencing the stressful effects of deployment and this can interfere with family life. Suggestions for strategies to screen for these kinds of problems will be provided. This research is sponsored by the Triservice Nursing Research Program, Uniformed Services University of the Health Sciences; however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred by, the Triservice Nursing Research Program, The Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

2010 American Public Health Association, Annual Meeting, Denver, CO; November 9,
Podium presentation, *Family Reintegration Following Guard Deployment*.

Abstract APHA 2010

Family Reintegration Following Guard Deployment

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Abstract

The military operations in Iraq and Afghanistan have required more frequent and much longer deployment rotations among National Guard units than any previous US conflict. Repeated, lengthy deployments put Guard members at risk for problems with family reintegration, which in turn can create a sense of failed belongingness and of being a burden to one's family (Brenner, et al., 2008). This session presents findings from a Department of Defense funded project to describe veterans and families perception's of their experience with family reintegration and the challenges reintegration presents among Guard members deployed since the start of the Afghanistan and Iraq conflicts. Researchers conducted in depth focus group, couple, and individual interviews with a total of 45 participants (26 Guard members, and 19 family members) to assess needs and maximize input from military families regarding deployment-related experiences and reintegration issues. Qualitative coding and analysis of data has just been completed. There are several skills that members develop while deployed, that then interfere with their ability to resume family life when they return home. These skills included: seeking safety, getting things done in a hurry, expecting unilateral decision making, ensuring predictability in the environment, and stuffing emotions in order to get the job done. Conclusions are that individual returning from deployment are often still experiencing the stressful effects of deployment and this can interfere with family life and put the member at risk for serious alienation and a sense of not fitting back in to the family. Suggestions for strategies to screen for these kinds of problems will be provided. Implications for the development of preventive interventions that support Guard member populations throughout the deployment cycle will be discussed

Learning Objectives:

- List the Veteran Guard member deployment survival skills that make return to family life difficult
- Describe screening for family reintegration problems.

Keywords: Veterans' Health, War

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APPENDIX F – Final Report PAO Clearances